



DALEVILLE HIGH SCHOOL TRANSCRIPT REQUEST FORM

72 Hour Prior Notice is Required

Last Name	
First Name	
Former Name	

Phone Number: _____ Date of Birth: _____

Date of Request: _____ Year of Graduation: _____

*****Official and Unofficial transcripts are \$15.00 per copy*****

I give my permission for Daleville High School to release a copy of my transcript.

Please check one:

_____ I will pick up the copy at the central office.

_____ Please **mail/email** a copy of my transcript to the college(s) or organization(s) listed below:

College Organization	Address or E-Mail Address	Address Transcript to (example – Mr. Smith in Admissions)

***Request form must be turned in at least 72 hours before it needs to be mailed or picked up. ***

Signature: _____ Date: _____

Paid: YES NO Date: _____

Request Completed By: _____ Date: _____