



DEER LAKES HIGH SCHOOL

School Counseling Office

163 East Union Road

Cheswick, PA 15024

Phone: 724-265-5320 x-2626

Fax: 724-265-5303

DEER LAKES GRADUATE TRANSCRIPT REQUEST/RELEASE FORM

Graduates of Deer Lakes High School requesting a copy of their transcript need to complete all of the information below. Once the form is complete, please print it out and return it along with a \$2.00 processing fee to the address at the top of this form.

PLEASE PRINT LEGIBLY:

Your full name at the time of graduation: _____

Date of Birth: _____

Graduation Date: (month/year) _____

Home address: _____

Phone # you can be reached at: _____

E-mail address you can be reached at: _____

Reason for request: _____

Official Transcript with school stamp & sealed

Unofficial Transcript

CHOOSE ONE:

Will pick up Transcript

E-mail Transcript to: _____

Fax Transcript to: _____

Mail Transcript to: _____

I hereby give permission to Deer Lakes High School to release my academic transcript to the school, company or agency identified above.

SIGNATURE: _____ **DATE:** _____