



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, return it **along with a \$2.00 processing fee** to the address at the top of this form. **Please allow at least 5 business days from the date we receive this form for your Transcript to be processed & sent.**

PLEASE PRINT LEGIBLY:

Your full name at the time of graduation: _____

Date of Birth: (MM/DD/YYYY) _____

Graduation Date: (month and year) _____

Home address: _____
Current! # & Street Name or P.O. Box City, State, & Zip Code

Phone # you can be reached at: _____

E-mail address you can be reached at: _____

Reason for request: (College/School, employment, etc) _____

CHOOSE ONLY ONE OPTION BELOW:

- Official** Transcript - signed & embossed with school seal & stamp (most colleges/schools & some employers require this)
NOTE: Official transcripts can only be sent by mail and NOT by fax or e-mail!
- Unofficial** Transcript (will not be signed or embossed with school seal or stamped)

CHOOSE ONLY ONE OPTION BELOW:

- Will pick up Transcript *Please allow at least 5 business days – you will be called when it is ready for pick up*
- E-mail **Unofficial** Transcript to: _____
- Fax **Unofficial** Transcript to: _____
- Mail Transcript to: _____

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

SIGNATURE: _____ **DATE:** _____