



**Delphos Jefferson High School**

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**TRANSCRIPT REQUEST FORM**

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**DELPHOS JEFFERSON  
HIGH SCHOOL**

**Phone:** 419-695-1786  
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**Today's Date:** \_\_\_\_\_

**Student's Name:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

**Student's Graduation Year:** \_\_\_\_\_

**Transcript Type:** \_\_\_\_\_ Unofficial (unsigned) \_\_\_\_\_ Official (signed and sealed)

**Delivery Information:**

(Please select options and provide complete mailing details)

Mail to:

Institution Name: \_\_\_\_\_

Attention To: \_\_\_\_\_

Address: \_\_\_\_\_

Email

Email Address: \_\_\_\_\_

Other: \_\_\_\_\_

I will pick it up.

**I authorize Delphos Jefferson High School to release my transcript(s) as requested above.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

DJHS Office Use Only

Date Completed:

\_\_\_\_/\_\_\_\_/\_\_\_\_