



**REQUEST FOR DEER PARK HIGH SCHOOL TRANSCRIPT
(FORMER STUDENT)**

Return this form to: Deer Park High School, 8351 Plainfield Road, Cincinnati, Ohio 45236. Fax number: (513)891-3845. Please allow at least one week for processing by the office from the receipt date of this request.

Please Print

Name:

_____ (Last)

_____ (First)

_____ (Middle)

Maiden Name (if applicable): _____

Current Address: _____

Phone Number: (_____) _____ **Year Graduated from DPHS:** _____

If you did not graduate from Deer Park High School, list the years you attended _____

Please indicate the address to which the transcript is to be sent: _____

The purpose of this Transcript Release is for me to:

- apply to college or pursue higher education
- transfer to another high school
- enlist in the armed forces
- obtain employment
- other (please specify) _____

I hereby grant permission for Deer Park High School to release my official transcript to the above address.

(Signature of student)

(Date)

(Signature of parent if student is under 18)

OFFICE USE ONLY

Date Received: _____ **Received By:** _____

Date Sent: _____ **Sent By:** _____