



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:

____/____/____