TRANSCRIPT REQUEST FORM

Cape Henlopen High School

Date Requested: _____ Grade: _____ **Indicate** Year Graduated_____ **OR** Year Left: ____

Name: _____ Phone: _____

___ Transcript Only _____ Unofficial Transcript Only _____ Other: _____

Name and Mailing Address for transcript to be sent to: ***OR*** **_____ will pick up**

Please allow three days for processing.

_____
_____
_____

_____ _____

Student Signature **Date of Birth**

Official Transcripts cannot be emailed. If you need a transcript to be sent electronically, you must request one using Parchment.com

RECORDS RELEASE FORM ON FILE IN GUIDANCE YES _____

Mail Transcript Request to: Cape Henlopen High School Guidance Dept.
1250 Kings Highway
Lewes, DE 19958

Email Transcript Request to: Sharon Capodanno, sharon.capodanno@cape.k12.de.us

----------FOR OFFICE USE ONLY----------

Other Information Sent: First Semester Grades: _____ Final Grades: _____ Unofficial Transcript: Mailed: _____ Given Personally: _____

Date Mailed: _____

Comments:

_____
_____
_____