

# DELHI EDUCATIONAL PARK OFFICIAL TRANSCRIPT REQUEST FORM

(Allow 24 hours to Process Transcripts)

Date: \_\_\_\_\_

Name: \_\_\_\_\_  Female  Male  
            Last                   First                   M.I

Name as enrolled: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Name of school(s) attended: \_\_\_\_\_  
\_\_\_\_\_

Last year attended: \_\_\_\_\_

Number of official copies: \_\_\_\_\_

Number of copies: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address (if mailing) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- I wish to pick up my records
- I will pick them up on: \_\_\_\_\_

**You may come in person and fill out a form or mail this letter to us:**

Educational Park  
Delhi Unified School District  
16881 Schendel Road  
Delhi, CA 95315

**Hours of operation:**

Monday through Friday 8:00 A.M. -- 4:30 P.M.

Signature:

**OFFICIAL USE ONLY**

No. Copies Made:	Date:	Clerk:
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