DELHI EDUCATIONAL PARK OFFICIAL TRANSCRIPT REQUEST FORM

(Allow 24 hours to Process Transcripts)

| Date: | |
|---|------------------------------|
| Name: Last First | Female Male |
| | M.I |
| Name as enrolled: | |
| Date of birth: | |
| | |
| 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 for | m 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: |

Last Reviewed: 4/2016