

Transcript Request Form

Deerfield High School
300 Simonson Blvd
Deerfield, WI 53531

Completing this request and returning it to the High School Office will indicate that an official sealed copy of your transcript is desired.

If however, you would just like a pdf copy sent to you via email, please indicate that at time of request.

____ I just need an unofficial copy sent to me by email _____

Current Name: _____

Name at time of graduation (if different than above): _____

Current Address: _____

Phone Number: _____

Graduation Year: _____

Date of Birth: _____

Parent(s) / Guardian(s) Names: _____

I hereby request that a copy of my high school transcript be forwarded to the following:

Name of Person, Business, College or University:

Address: _____

Signature: _____ Date: _____

For Office Use Only

Date Sent: _____ By: _____