

TRANSCRIPT REQUEST FORM
Cape Henlopen High School

Date Requested: _____ Grade: _____ **Indicate** Year Graduated _____ **OR** Year Left: _____

Name: _____ Phone: _____

- | | |
|---|---|
| <input type="checkbox"/> College Application Attached | <input type="checkbox"/> College Application Filed Electronically |
| <input type="checkbox"/> Scholarship Application Attached | <input type="checkbox"/> Scholarship Application Filed Electronically |
| <input type="checkbox"/> Transcript Only | <input type="checkbox"/> Unofficial Transcript Only |

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

Student Signature

Date of Birth

RECORDS RELEASE FORM ON FILE IN GUIDANCE YES _____

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

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

Other Information Sent: First Semester Grades: _____ Final Grades: _____

Unofficial Transcript: Mailed: _____ Given Personally: _____

Date Mailed: _____

Comments: _____

