

**DEERFIELD HIGH SCHOOL**  
 Office of the Registrar  
 1959 N. Waukegan Rd., Deerfield, IL 60015  
 Phone: 224-632-3019 - FAX: 224-632-3700

**TRANSCRIPT/HEALTH RECORDS REQUEST FORM**

**CLASS OF 2010 AND BEFORE ONLY**

**CLASS OF 2011 AND AFTER MUST REQUEST THROUGH  
 PARCHMENT/DOCUFIDE(www.PARCHMENT.COM)**

STUDENT'S FULL NAME: \_\_\_\_\_,  
 (Last - include Maiden name) (First)

DOB: \_\_\_\_\_ Grad Year: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Type of Record(s)	Cost per copy	Quantity	Cost
Official Transcript (mailed direct to school or business).	\$5.00		
Official Transcript, sealed (pick-up/mailed to student). <i>If seal is broken, transcript is unofficial.</i>	\$5.00		
Unofficial Transcript (pickup/fax/mailed)	\$5.00		
Health/Immunization	N/C		
ACT scores must be requested through ACT. (www.actstudent.org)	<b>X</b>	<b>X</b>	TOTAL COST
<b><u>Records are sent by US Mail</u></b> <i>Please allow at least 5 business days for processing.</i>			

Please list the name and address of school(s) or business(s) you would like your records sent to:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Students under 18 must have signature of parent/guardian)

**METHOD OF PAYMENT:**  Cash  Check# \_\_\_\_\_ (payable to DHS)