



Deering High School Guidance Department

370 Stevens Avenue Portland, ME 04103

phone. 207/874-8260 fax. 207/874-8153

dhstranscripts@portlandschools.org

Transcript Request Form

To fill this out digitally, we recommend downloading, filling out, and returning this form to the email above. You can download a free [PDF reader](#)

The Family Educational Rights and Privacy Act of 1974 requires that all transcript requests be in writing, signed and dated by the person to whom the record belongs. Telephone requests CANNOT be accepted.

You can assist us in giving speedy, accurate service by providing complete information on your request form. **Please DO NOT PROVIDE your Social Security Number!**

- After signing and dating your request, email it to dhstranscripts@portlandschools.org or fax it to the number at the top of the request form.
- There is no fee for a transcript.
- The issuance of partial transcripts is strictly prohibited.

*******No Cover Sheet is Needed*******

*******Please do not send this instruction page*******

Getting your Transcript

All transcripts are processed and sent either electronically or via USPS.

College admission test scores are not included on the transcripts.

Students must request these test scores to be sent directly to colleges and universities, and those are done through the testing agencies websites:

www.act.org and/or www.collegeboard.com.

(Please allow at least 7 business days for your transcript request to be processed.)

Transcript Request Form

Name as it appears on Transcript _____ DOB _____

Current Phone Number: _____ Current Email Address: _____

Transcript Processing Information

Did you graduate? YES NO Graduation Year: _____

If you did not graduate, what was your last year of attendance? _____

Please send a Digital Print

University or Business Name: _____

To the Attention of/Department Name: _____

Address: _____

Email: _____

Please send me a digital copy of my transcript to my current email address listed above.
(for additional copies, please attach a separate list of recipient names and addresses)

I authorize Deering High School to release my transcript to the above named places.

Signature of Student or Parent/Guardian, if student is under 18

Date

(Please allow at least 7 business days for your transcript request to be processed.)