

MISC. SERVICES REQUEST FORM

Date: _____

Please allow the Records Office at least ONE WEEK to review and process these requests. Note that in some cases a fee is required (due with submission.)

Student's Full Name: _____ Date of Birth: _____
(For married females, please include maiden name.)

Parent's Name _____ Student or parent's phone # _____

Student I.D. # _____ Family I.D. # _____ (if you know either)

HIGH SCHOOL TRANSCRIPT There is a \$5.00 charge for an official copy in a sealed envelope. There is no charge for a copy to be faxed or emailed.

___ Official copy in a sealed envelope

___ to be picked up (we will call phone # above when ready)

OR

___ Address where you want it mailed

If more than one address, put others on back of page.

___ Faxed copy - fax # _____

Name of receipt _____

___ Email copy - email address:

Name of receipt _____

___ DRIVER'S PERMIT Student must have been enrolled for 30 days and we must have a birth certificate and current grade report on file before we can issue this form. The form is only good for 30 days. Allow 3-5 days to issue. NO CHARGE.

___ WORK PERMIT This form is free for students needing this for their employers. Allow 3-5 days to issue. Parents will need to fill out the section setting the work schedule. NO CHARGE.

___ REPLACEMENT ID CARDS - \$5 each. Allow 1 week for issue. Please include below any names for card(s).

Choose one:

___ Call me & I will pick up the checked items.

___ Mail the checked items to this address:

PAYMENT INFORMATION

___ of transcripts x \$ 5.00 \$ _____

___ of ID Cards x \$ 5.00 \$ _____

TOTAL AMOUNT DUE \$ _____

Please include check or money order or information for credit or debit card.

___ Check or money order - make payable to Daniel 1 Academy

___ CASH (do NOT mail)

___ Visa ___ Mastercard ___ Discover

Card Number _____

Exp date ___/___/___ last 3-digit # off back of card _____

Name on the card _____

Zip code of address of card _____

Return this form with payment to:

Daniel 1 Academy

P.O. Box 3233

Cookeville, TN 38502

Fax: 931-432-1496

records@d1academy.org

THIS BOX FOR DIA OFFICE USE ONLY

Check # _____ DB QB Notes Scanned