

MISC. SERVICES REQUEST FORM Date: _____

Please allow the Records Office at least ONE WEEK to review and process this request. 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. # _____ Is this student a graduate? _____ If yes, year of graduation _____

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 _____
 Zip code of address of card _____
 Name on the card _____

Return this form with payment to:
Daniel 1 Academy
P.O. Box 3233
Cookeville, TN 38502
Fax: 931-432-1498
records@d1academy.org

THIS BOX FOR D1A OFFICE USE ONLY

Requested by: Email Phone In person

Check # _____ DB QB Notes Scanned