



**DREAMLIGHT
HIGH SCHOOL**
STRIVE FOR EXCELLENCE FROM SCRATCH TO FINISH

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Transcripts: Cost 10.00

First name: _____

Last Name: _____

Gender: Male () Female ()

Started date: _____

Graduation date: _____

Last four Social Security Number: _____

Date of birth: _____

You Address: _____

City: _____

State: _____

County: _____

Zip code: _____

Keep in mind only student can request a transcript, and must not carry any outstanding balance.

Make sure to tell us where do you want to email or mail your transcripts. “Notification of Rights

under FERPA (1974) must be acknowledged at Dreamlight High School before releasing

student’s information.” *Please complete this information form the way you would like your*

transcript to be presented. Return it as soon as you can. Email this form to

finance@dreamlighthighschool.com