

TRANSCRIPT REQUEST FORM

PLEASE COMPLETE THIS FORM AND MAIL ALONG WITH YOUR CHECK FOR \$3.00. PLEASE MAKE CHECK PAYABLE TO CATHOLIC CENTRAL HIGH SCHOOL.

THE TRANSCRIPT FEE DOES NOT APPLY TO STUDENTS CURRENTLY ENROLLED IN CATHOLIC CENTRAL HIGH SCHOOL.

Please mail to:
Catholic Central High School
625 Seventh Avenue
Troy, New York 12182

Complete Name at Graduation:

Date of Graduation: _____

Date of Birth: _____

Transcript should be mailed to:

Transcript should be faxed to:

Name: _____

Fax Number: _____

** Please note: Official transcripts that are sent to home addresses will only be considered official if they are unopened with the Official Seal intact.