



Central High School
 550 Warrior Way
 Grand Junction, CO 81504
 Telephone (970) 254-6200
 Fax (970) 462-9328

Transcript Request

Please Print Clearly

Date of Request: _____

 Last Name First Name Middle Name

Name(s) Used at Time of Graduation _____

Home Address _____

Current Contact Information Phone No. _____ Email _____

Date of Birth _____ Graduation Year _____

I hereby authorize Central High School to send a copy of my high school transcript to the following:

 Name/School Name/School

 Mailing Address Mailing Address

 City, State & Zip City, State & Zip

 Total Number of Transcripts Ordered Student's Signature Date

You may print our online Transcript Order Form and mail, fax or bring it to the Counseling Office. Transcripts Order Forms are also available in our office.