Central High School

550 Warrior Way
Grand Junction, CO 81504
Telephone (970) 254-6200 ext. 22101
Fax (970) 434-6552

TRANSCRIPT REQUEST

Please print clearly.

_____ _____ _____
Last Name First Name Middle Name

Name(s) Used at Time of Graduation_____

Home Address: _____

_____

Current contact Information: Phone #_____ Email _____

Social Security # (last 4 digits): _____ High School ID#: _____

Date of Birth: _____ Graduation Year:_____

TRANSCRIPT FEES (per school year):
Current Students: First 3 copies free - $2.00 each for any additional copies.
Alumni: All copies $2.00 each.

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

_____	_____
Name	Name
_____	_____
PO Box or Street Number	PO Box or Street Number
_____	_____
_____	_____
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. Transcript Order Forms are also available in our office.

---FOR OFFICE USE ONLY---

Received by:_____ Processed by:_____ Date:_____