

CENTRAL HIGH SCHOOL

TRANSCRIPT REQUEST

(Please print legibly and fill out the form completely.)

There is a \$5.00 processing fee for each transcript (not current students). There is also a **48-hour** processing period on all transcripts. If the file is not current or not available on microfilm, the request can take up to a **week** to process. All transcripts will be mailed.

***If you are a graduate of five or more years you must go to the Central Office at 1212 Ninth Avenue (334-298-0534 phone) to obtain your request.**

Date: _____

Please send the requested transcript to the address listed below:

(Make sure that you **give the complete address** the transcript needs to be mailed to. **Do not just give the name of the college, university, or business.**) Make sure to include the correct zip code.

Send to: Please list the college and address

Sending School:

Central High School
Guidance Secretary
Michelle Wallace
2400 Dobbs Drive
Phenix City, AL 36870

My name is: _____
Last First MI Maiden

My date of birth is: _____

Circle one: I graduated. I withdrew. I currently attend.

Date of graduation or withdrawal: _____

Social Security Number: _____

Student or Parent Signature

Telephone

Current Address