

Requesting a High School Transcript for a **GRADUATE**

Please complete and send to Central Catholic High School along with \$2.00 per transcript.

Name: _____
 First Last Maiden

Graduate's Current Address:

Street: _____

City: _____ State: _____ Zip: _____

Current Phone: _____

Year of Graduation: _____

Send Transcript to:

Company/College/University: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Send completed form with \$2.00 payment to:

Central Catholic High School
Transcript Request
4824 Tuscarawas Street West
Canton, OH 44708