

Central Catholic High School

2550 Cherry Street
Toledo, Ohio 43608

Transcript Request Form

Name: _____ Maiden Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Graduation Year (or year of withdrawal): _____ Birthdate (MM/DD/YYYY): _____

Phone/Cell: _____ Email: _____

I am requesting an: Official Transcript Unofficial Transcript

Send Transcript to: _____

Signature: _____ Date: _____

Central Catholic High School Transcript Policy

Your academic transcript is the official, permanent record of your academic history at Central Catholic High School. Transcripts requests must include:

1. Full name and address of requestor
2. Your year of graduation
3. Your date of birth
4. Full name and complete address of person or institution receiving the transcript
5. Your signature
6. Transcript fee of \$5.00
7. A phone number, address, or email addresss where you can be reached in case there is a problem processing your request.

Transcripts will not be released, and your request will be returned if financial obligations to the school have not been met.