

Central Catholic High School
P.O. Box 567
DuBois, PA 15801

TRANSCRIPT RELEASE AUTHORIZATION

This authorization is for the release of student transcripts from Central Catholic High School to other schools or third parties.

Please complete this form once and return it to the main office to be kept on file. A separate Transcript Request Form must be submitted to the main office for each transcript request.

Student Name _____

I hereby give permission to Central Catholic High School to release my transcripts as requested on my Transcript Request Forms.

Student Signature

Date

Parent/Guardian Signature

Date