



CENTRAL CATHOLIC HIGH SCHOOL
TRANSCRIPT REQUEST

I request an official transcript be mailed to the following college/scholarship name and address:

_____ I filed my application on-line

_____ My application is attached

_____ I am requesting a transcript only be sent with no other materials

I realize the transcript will be mailed within five **working** days of the date the **completed** application is received in the office.

Student signature _____

Date received **complete** in office (**office use only**) _____

Business Name

PLEASE
PLACE
STAMP
HERE

Mailing Address Line 1
Mailing Address Line 2
Mailing Address Line 3
Mailing Address Line 4
Mailing Address Line 5