

**CENTRALIA HIGH SCHOOL
GUIDANCE DEPARTMENT
2100 EAST CALUMET
CENTRALIA, IL 62801
PHONE: (618) 532-7391 Ext. 3020
FAX: (618) 532-0640
lgraham@centraliahs.org**

TRANSCRIPT REQUEST FORM

Date: _____

Your name when in school (Maiden): _____

Please Print)

Date of Birth: _____ Social Security No. _____

Year Graduated/Last year attended: _____

Please check here if you did not graduate from CHS: _____

What type of transcript are you requesting?

_____ Official (Transcript must be sent to college/employer or remain in a sealed envelope to be official) (Copy of a diploma is not available)

_____ Unofficial (Transcript is issued to the student) (Transcript will be sent/faxed to the address below your signature)

I authorize Centralia High School to release my **OFFICIAL TRANSCRIPT** to:

Name: _____

Street Address: _____

City/State/Zip Code: _____

Fax Number: _____

Please check here if you are requesting Immunization Records only: _____

Signature (Required): _____

Address: _____
(Street) (City) (State) (Zip Code)

Telephone No: _____ Fax No: _____

Please check here if you prefer to pick up your transcript: _____

(Please allow one week for this request to be processed)