



**CENTRAL CATHOLIC  
HIGH SCHOOL**

One Faith. One Community. One Mission.

2250 Cherry Street • Toledo, OH • 43608

**Transcript Request Form**

Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

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 address below: or  Fax: \_\_\_\_\_

**Name of College:** \_\_\_\_\_

**Attn: Admissions**

**Address:** \_\_\_\_\_

**City, ST Zip:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**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 \$5.50 (\$0.50 processing fee)
7. A phone number, address, or email address 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.