



Central High School

Records Request

_____ Transcript

_____ GED

_____ Other

Last Name: _____ **First:** _____ **Middle:** _____

Maiden: _____ **Telephone:** _____

Date of Birth: _____ **Year Graduated** _____

Send To:

1) _____ 2) _____

Signature

Date

**THE COST TO FILL THIS REQUEST
WILL BE TAKEN FROM OUR CURRENT FEE SCHEDULE.
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