



**Central High School**  
550 Warrior Way  
Grand Junction, CO 81504  
Telephone (970) 254-6200  
Fax (970) 462-9328

## Transcript Request

**Please Print Clearly**

Date of Request: \_\_\_\_\_

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Name(s) Used at Time of Graduation

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Current Contact Information

Phone No. \_\_\_\_\_ Email \_\_\_\_\_

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Graduation Year

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I hereby authorize Central High School to send a copy of my high school transcript to the following:

\_\_\_\_\_  
Name/School

\_\_\_\_\_  
Name/School

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City, State & Zip

\_\_\_\_\_  
City, State & Zip

\_\_\_\_\_  
Total Number of  
Transcripts Ordered

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

You may print our online Transcript Order Form and mail, fax or bring it to the Counseling Office. Transcripts Order Forms are also available in our office.