



CENTRAL HIGH SCHOOL

Transcript Request Form

Main Office: 531-299-2660 | Fax: 531-299-2699 | Hours: 7:30AM to 3:30PM (M – F)

PLEASE PRINT:

Name: _____
Last Name First Name Middle Initial

Maiden Name (if applicable) _____ Date of Birth: _____

Current Address: _____

Phone: _____ Graduation Year: _____

I authorize an official copy of my high school transcript to be released to the following:

\$5 Official Transcript

\$5 Unofficial Transcript

The cost to have a transcript mailed/emailed is **\$5.00 per transcript (official/unofficial)**.

The cost to have a transcript faxed is **\$5.00 per transcript** and is considered an unofficial transcript unless it is FAXED directly to a college or University.

Amount Paid \$ _____ Mailed Faxed Fax # _____

Applicant Signature

Date

Acceptable Payment is:

Cash, or Money Order Only ****No Personal Checks Accepted****

Transcripts cannot be emailed to yourself or handed to you, they need to be sent to a college, university, or employer.

Transcripts may be requested by mail or hand delivered to the main office. Please send the completed form and total payment per requested transcript to:

Central High School
Attn: Transcript Request
124 North 20th Street
Omaha, NE 68102