



Central Union High School
TRANSCRIPT REQUEST

**Transcripts will not be processed if you have outstanding fees.
Please allow 5 days to process request.**

Date Requested _____

Telephone # _____

Print Name (Maiden name if female) _____

Date of Birth _____ **Year Graduated** _____ **Date If Dropped** _____

Official

Unofficial

I will pick up transcript

Transcript to be mailed to: _____

Address: _____

Fee: \$2.00

City, State, Zip: _____

Transcripts may only be requested by and released to the person whose name is on the transcript.