

COLUMBIA CENTRAL HIGH SCHOOL  
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TRANSCRIPT REQUEST

SEND TO: \_\_\_\_\_  
Please \_\_\_\_\_  
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YOUR NAME \_\_\_\_\_  
MAIDEN NAME \_\_\_\_\_  
YEAR OF GRADUATION \_\_\_\_\_  
FEE ENCLOSED \_\_\_\_\_  
YOUR SIGNATURE \_\_\_\_\_

THERE IS NO CHARGE IF A TRANSCRIPT IS SENT DIRECTLY TO THE COLLEGE OF YOUR CHOICE.

A **\$2.00 FEE** IS CHARGED FOR TRANSCRIPTS THAT ARE REQUESTED FOR YOUR OWN USE. TRANSCRIPTS SENT TO YOU, AS AN INDIVIDUAL, **WILL NOT** BE AN OFFICIAL TRANSCRIPT.

PLEASE SEND YOUR \$2.00 TO THE ABOVE ADDRESS ALONG WITH THIS REQUEST AND YOUR TRANSCRIPT WILL BE SENT WITHIN FIVE (5) BUSINESS DAYS OF RECEIPT OF YOUR REQUEST.

(OFFICE USE ONLY)

FEE PAID: \_\_\_\_\_

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