

DuBois Area Catholic School
CENTRAL CATHOLIC HIGH SCHOOL
P. O. Box 567
200 Central Christian Road
DuBois, PA 15801

TRANSCRIPT REQUEST FORM
(for former students)

Name _____
(Please make sure to include your maiden name)

Address _____
(street)

(city/state) (zip)

Year of Graduation _____

*****Please note: There is a \$5.00 fee for each transcript requested.
Please enclose with request.**

Send OFFICIAL transcript to:

NOTE: A transcript sent directly to you is NOT an official transcript.

I authorize the release of my transcript to the above-mentioned institution.

(signature)