



Cleveland Central Catholic High School
6550 Baxter Avenue – Cleveland OH 44105
Ph: (216) 441-4700 Fx: (216) 641-2045

Transcript Release / Request Form

Name: _____ Date: _____

Last name when you attended CCCHS (if different): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Graduation Year: _____

Date of Birth: _____ SS# _____ - _____ - _____

PLEASE RELEASE THE TRANSCRIPT RECORD OF THE ABOVE NAMED STUDENT/GRADUATE TO THE FOLLOWING:

1. Name of Institution: _____

Address: _____

2. Name of Institution: _____

Address: _____

Transcripts can only be requested by a student/graduate (at least 18 years of age) or a parent/legal guardian.

Signature of Student/Graduate or Parent/Guardian and Date

Cost Of Transcripts: \$3.00 each

Type of Transcripts:

OFFICIAL transcripts (with school seal) are sent to colleges and universities, state or federal agencies, an employer, etc. In no case is an official transcript sent to a student, graduate and/or his/her family.

UNOFFICIAL transcripts can be given to a student/graduate or his/her family for specific uses, but will **not** have the school seal and will be noted as "Unofficial" in red.