



Cleveland Central Catholic High School
6550 Baxter Avenue
Cleveland, OH 44105
Phone: 216-441-4700
Fax: 216-441-8353
www.centralcatholic.org

Transcript Release Request Form

Name: _____ Date: _____

Last name when you attended CCCHS, if different: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Date of Birth: _____ Graduation Year: _____

Type of transcript request: Official: To colleges, universities, state/federal agencies or employer
 Unofficial: To student/graduate or his/her family – will be marked as
“Unofficial”

Please release the transcript of the above names student/graduate to the following:

1 Name of Institution: _____

Address: _____

City/State/Zip: _____

2 Name of Institution: _____

Address: _____

City/State/Zip: _____

Please note:

1. Transcripts can only be requested by the student/graduate (at least 18 years old) or a parent or guardian;
2. Transcripts will not be released if there are any outstanding financial obligations or holds on the student's account;
3. Same-Day walk-in service is not available at this time;
4. Credit and/or debit cards are accepted

Cost of Transcripts: \$3.00/each

Signature: _____ Date: _____

For Office Use Only:

\$3.00 Fee Paid [] Cash; [] Check (# _____); [] Money Order Date Mailed: _____