



EAGLES

CENTRAL HIGH SCHOOL

Transcript Request Form

Main Office: 531-299-2660 | Fax: 531-299-2699 | Hours: 7:30AM to 3:30PM (M – F)

PLEASE PRINT:

Name: _____
Last Name First Name Middle Initial

Maiden Name (if applicable) _____ Date of Birth: _____

Current Address: _____

Phone: _____ Graduation Date: _____

I authorize an official copy of my high school transcript to be released to the following:

_____	Transcript Taken (not mailed)
_____	<input type="checkbox"/> Unofficial Transcript
_____	_____ Date

The cost to have a transcript mailed is \$5.00 per transcript (official/unofficial).
The cost to have a transcript faxed is \$5.00 per transcript and is considered an unofficial transcript unless it is FAXED directly to a College or University.

Amount Paid \$ _____ Mailed Faxed Fax # _____

_____ Applicant Signature _____ Date

Purpose of Transcript – Office Use Only

- GED
 Withdrawn
 Higher Education
 Other Institute

Date transcript given / sent / faxed: _____

Transcripts may be requested by mail or hand delivered to the main office. Please send the completed form and total payment per requested transcript to:

Central High School
Attn: Transcript Request
124 North 20th Street
Omaha, NE 68102