Official Transcript Request
Cost $1.00
Please Print

Name_____
Last First Middle

Phone Number_____

Date of Graduation_____

Deadline_____ Number of Copies_____

Please Deliver Transcript To: (Check One)

_____ STUDENT (Student is responsible for checking with the receiving school in 2 Weeks)

_____ COLLEGE OR OTHER INSTITUTION (Please provide complete name and Address)

_____

_____

_____

List any other High School that you have attended, City and State.

_____

I hereby authorize Centennial High School to release my transcript records in the manner indicated above.

_____ _____
STUDENT SIGNATURE **DATE**

Date issued_____ **Issued by_____**

Please send this completed form along with your payment to:

Centennial High School
5050 Mallory Lane
Franklin, TN 37067