

CENTENNIAL HIGH SCHOOL

Transcript Request

Please attach \$2.00 for each transcript requested, even if you are picking up the transcript.
(Allow 5 school days for processing from the time the request is received).

PLEASE PRINT ALL INFORMATION!

Name: _____
Last First Middle

Today's Date: ____ / ____ / ____ Student Phone Number: _____ Graduation Date: _____

Check One: ___ Freshman ___ Sophomore ___ Junior ___ Senior ___ Other

I hereby authorize Centennial High School to release my transcript to the requested college/institution. Please note: CHS will not send test scores. Test scores can be sent through **ACT.org** and **Collegeboard.org**. All test scores must be sent directly from the testing agency.

Student Signature: _____

Please deliver transcript to: (check one)

____ STUDENT (Student is responsible for picking up transcript in the Counseling Center).

____ COLLEGE OR OTHER INSTITUTION (Please provide complete name, city, and state of college or institution.

1. _____

2. _____

FOR OFFICE USE ONLY

Date Received: ____ / ____ / ____ Date Mailed / Issued: ____ / ____ / ____

Issued By: _____

Please send this completed form along with your payment to:

Centennial High School
Counseling Center
5050 Mallory Lane
Franklin, TN 37067