

Cleveland Central High School
REQUEST FOR TRANSCRIPT



Date: _____

_____ Pick Up

_____ Mail to address below

Last Name	First Name	Maiden Name
Date of Birth	Graduation Year	Former School
Contact Number	Email Address	

I hereby consent to and authorize the release of certain educational records of said student to:

Name/Institution: _____

Attn: _____

Address: _____

City: _____ State: _____ Zip Code: _____

*Students under 18 must have their parent's or guardian's signature.

Student Signature: _____

Parent Signature: _____

Requests may be returned in person or via US mail.

Cleveland Central High School
Attn: Records
300 West Sunflower Road
Cleveland, Mississippi 38732
Fax: (662) 545-4314