



24 Hour Notice Required

Cheektowaga Central High School Transcript Request Form

Completed: _____

Today's Date ____/____/____

Your Name _____

Date of Birth _____

Maiden Name _____

Telephone _____

Address _____

Year Graduated _____

City/State/Zip _____

Applied on-line (Y/N) _____

***All Test Dates will
appear on transcript
unless otherwise
indicated.***

Special Instructions _____

Student Signature _____

Parent Signature (if under 18 years) _____

I request the following transcript (Grades, Assessments, Rank/Avg.):

☐ **Official Transcript** (Sent directly from here to addressee) ☐ **Unofficial Transcript** (Unsigned and carried by applicant)

Send the official transcript to:

Name: _____

Address: _____

City/State/Zip: _____

Deadline Date (if applicable):

For Office Use Only:

