

**CENTRAL CATHOLIC JR./SR. HIGH SCHOOL
2410 S. 9TH STREET
LAFAYETTE, IN 47909**

PHONE-765-474-2496

FAX-765474-8752

TRANSCRIPT REQUEST

Name: _____ Maiden: _____

Address: _____ Phone: _____

Year of Graduation: _____ Dropped/Transferred: _____

Please send transcript to:

Name of school, business, etc.

I have applied on line

Street or P.O. Box

City, State, Zip

I authorize Central Catholic Jr./Sr. High School to release my transcript.

Name: _____ Date: _____