

Camden Central High School

Transcript Release Request

STUDENT NAME: _____ Date of Birth: _____

MAIDEN NAME: _____ Year of Grad: _____

Social Security #: _____ (Optional)

Phone# _____

Date of Request _____ Date Sent _____

Official Use Only

OFFICIAL TRANSCRIPT _____ (mailed)

OFFICIAL TRANSCRIPT _____ (sealed & hand carried)

UNOFFICIAL TRANSCRIPT _____ (hand carry/mailed)

Medical Records _____ (if available)

Please send my official transcript to:

Name of School/College, Military, Business or Place of Employment:

Name of Institution(s) to receive transcript:

Address: _____

_____ Zip Code _____

Reason for request: _____ College Application/Visitation

_____ Employment Purposes

_____ Review of Transcript

_____ Military

Student Signature

Parent/Guardian Signature (if student is under the age of 18)