COLONIAL HEIGHTS PUBLIC SCHOOLS
STUDENT TRANSCRIPT REQUEST

Student's Name While Attending School

_____ _____ _____

Last (Maiden) First Middle

Date of Birth _____ _____ _____

Month Day Year

Exit Status Year

☐ Graduated _____

☐ Withdrew _____

☐ Current Student

In accordance with Federal Law, you are hereby authorized to release my high school transcript and/or other personal information related to my school experiences as may be required.

☐ All Colleges and All Scholarships

☐ _____

_____

_____

_____

Signature Date

_____

Parent's Signature if under 18 Date

Please enclose $2.00 for each transcript. Most transcript requests will be processed within 24 hours.

804-524-3405
804-520-7222 (fax)

Phone Number You Can Be Reached At In Case of Questions: _____