

# 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

☐ For current students, please check this box if you would like your SAT/ACT scores removed from your transcript.

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/universities and all scholarships

☐ \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature (if student is under 18)

\_\_\_\_\_  
Date

Please enclose \$2 for each transcript. Transcript fees are waived for current CHHS students. Most requests will be processed within one business day.

(804)524-3405

(804)520-7222 (fax)

Phone number where you can be reached if questions arise: \_\_\_\_\_