

**Central Catholic High School
4720 Fifth Avenue
Pittsburgh, PA 15213**

Fee for Transcript Request is \$5.00

Name _____
Last First Middle

Year of Graduation _____

Address _____

City, State, Zip _____

I hereby authorize Central Catholic High to release a transcript to:

Name _____

Address _____

City, State, Zip _____

Application Deadline Date: _____

Did you apply online? ____Yes ____No

Is \$5.00 application fee included with this Transcript Request? ____Yes ____No

Signature _____

Date _____

Return completed form to the office of College Placement