



Central High School

Transcript Release Form

PO Box 68, 44W625 Plato Road, Burlington, Illinois 60109

(847)464-6030, Fax (847) 464-6039

Today's Date: _____

Student's Name: _____

Maiden Name (if applicable): _____

Date of Birth: _____

Year of Graduation or Dates of Attendance: _____

Current Address: _____

Current Phone Number: _____

Where you want the Transcript Sent (Current CHS students leave this blank):

Signatures must be in INK!

Signature _____

_____ Initial here if you want this release kept on file as a permanent release.