



TRANSCRIPT/RECORD REQUEST FORM
Central High School Records Office: (417) 523-9617

NAME _____ **OTHER (Maiden):** _____

SS# (optional): _____ **BIRTH DATE:** _____

YEAR LAST ATTENDED SCHOOL: _____ **OR YEAR OF GRADUATION:** _____

REQUESTING: **RECORDS** _____ **TRANSCRIPT** _____

Address of where transcript needs to be sent: _____

SIGNATURE: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

Date: _____

PLEASE ALLOW 5 WORKING DAYS FOR ANY REQUEST

Transcript Fee~\$3

Complete Records Fee~\$5

**Please note: A copy of a photo ID must be included in order to process
your request**

Mail your request to with check or money order to:

**Central High School
Attention: Registrar
423 E. Central
Springfield, MO 65802**

