

FORMER STUDENT TRANSCRIPT REQUEST

For Students who attended CHS from 2015-2018

Charlotte High School
941-575-5450 x 1110 (phone)
941-575-5459 (fax)

Date: _____

Please print _____ copies of my transcript.

I will pick up my transcript on _____

My information is as follows:

Name: _____

Maiden Name *if applicable* _____

D.O.B. _____

SSN: _____

Year of Graduation or Last Year of Attendance: _____

Signature: _____

Contact Phone Number: _____

Please return this form to Charlotte High School's Registrar's Office.

If you graduated prior to 2015, please go to our website at:

CCPS.RECORDS@YOURCHARLOTTECHOOLS.NET