

COLONIAL HEIGHTS HIGH SCHOOL

TRANSCRIPT REQUEST FORM

Student's Name **When** Attending CHHS: _____

Date of Birth: _____

Exit Status: What year did you graduate? _____ What year did you withdraw? _____

Are you a current student? _____

Where are we sending this transcript? _____

Signature _____

Parent Signature (if you are under 18) _____

**The cost of the transcript is \$5.00 (cash or check) for Alumni.
There is no cost for current students.**

Phone number where we can reach you if we have questions? _____

FAX Number: 804-520-7222 School Phone Number: 804-524-3405 x4116

Email: pam_morgan@colonialhts.net