



Transcript Request Form

To the Principal of:

Please send an official copy of my high school transcript to:

CTC Online High School
P.O. Box 1800
Killeen, TX 76540-1800

Return this sheet with transcript. Thank you for your prompt response to this request.

Student's Name: _____

Date of Birth: _____ Social Security No.: _____

Attended From (mm/dd/yyyy): _____ To (mm/dd/yyyy): _____

Last Grade Completed: _____

Student's Address:

Street: _____

City: _____ State: _____ Zip: _____

Phone Number _____

Student's Signature: _____ Date: _____

Printed Name/Signature of Parents/Legal Guardians of Students Under 18 Years Old:

(Printed Name)

(Signature)

Relationship: _____

Date: _____