

TRANSCRIPT REQUEST FORM

Name of Student _____

Date of Request _____

Start date at CPHS (High School) _____

Date of leaving CPHS (High School) _____

Number of original copies required. _____

Address(s) to where they are to be sent. Please include Telephone # (see over)

There is a cost of \$15 for the first original transcript and \$5 for each additional original.

There is an additional cost of:

\$18 - if mailed to the USA by EMS (Express Mail Service)

\$19 - if mailed to Canada by EMS (Express Mail Service)

Delivery by courier, i.e. Federal Express will incur higher charges, depending on size and location and will be charged separately.

Total amount paid: \$