

Catoctin High School Graduate Request for Transfer Form

Please print clearly! There is a \$2.00 fee for each transcript.

Did you graduate from CHS Yes No Year of Graduation: _____

Name: _____ Maiden: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Cell Phone: _____

Signature _____

Process my transcripts as follows:

_____ # of transcripts sent to me at the above address.

Send my transcript to the following colleges:

1.

Name of College

Street Address

City, State, Zip

3.

Name of College

Street Address

City, State, Zip

2.

Name of College

Street Address

City, State, Zip

4.

Name of College

Street Address

City, State, Zip

There is a \$2.00 charge for each transcript:

Mail this form with appropriate fees to:
Catoctin High School Guidance
Attention: Transcript Request
14745 Sabillasville Road
Thurmont, MD 21788