



Your Legacy Begins **HERE!**

TRANSCRIPT REQUEST FORM

(Complete this form for EACH application that you submit so that items may be tracked)

NAME _____ Date _____

College or Scholarship Name _____

Mailing Address/Fax #/Email Address where transcript is to be sent:

*****All OFFICIAL Transcripts must be sent directly from CPS with a school seal*****

By signing below, I agree that the requested information may be forwarded to the institution listed above.

Signature _____

CPS Use Only:

Date Received _____

Date Processed _____