CENTENNIAL SCHOOL DISTRICT WARMINSTER, PA 18974

Fee \$5.00 for each/transcript for former graduates of more than one year – payable via money order in advance – Centennial School District

AUTHORIZATION FOR RELEASE OF HIGH SCHOOL TRANSCRIPT

NAME:				
Last		First	Middle	Maiden Name
ADDRESS: _				
DATE OF BIR	хтн:			
PLEASE CIRC	CLE: GRADUATE	D WITH	IDREW IN (YEAR)
THE PROCESSING	OF YOUR TRANSCRIPT WI	THOUT A YEAR	R OR COMPLETE ADDRESS	WILL CAUSE DELAYS.)
DAYTIME PH	IONE:			
authorize Cer	ntennial School Dist	rict to furnis	sh a copy of my High	School Transcript
	(SCHOOL, C	COMPANY, AGE	NCY, COLLEGE)	
		(STREET ADDR	ESS)	
	(CI	TY, STATE, ZIP	CODE)	
ATTN:				
DATE:		SIGNAT	ΓURE:	
PLEASE AI	LLOW A MINIMUN	M OF FIVE	WORKING DAYS	TO PROCESS.
Please return	to: William Tennen	_	ol	
	333 Centennial I Warminster, PA			
Attention:	College and Car Ms. Bielawski			