

# Records/Transcript Request

**Records will be sent out as soon as possible (1-2 business days) after they are requested**

Person requesting records: \_\_\_\_\_  
Phone number: \_\_\_\_\_ Date: \_\_\_\_\_  
Student's name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Other name(s) that might have been used: \_\_\_\_\_  
Last KPBSD school attended: \_\_\_\_\_ Last year attended: \_\_\_\_\_  
Name of guardians/parents while in school: \_\_\_\_\_

## Information you are requesting:

\_\_\_\_\_ Transcripts  
\_\_\_\_\_ ACT or SAT test scores (not available from this office if you left/graduated in the last 2 years)  
\_\_\_\_\_ Cumulative file  
\_\_\_\_\_ Shot records (not always available)  
\_\_\_\_\_ Student Enrollment (for PFD, identification, etc.)  
\_\_\_\_\_ Other (Special Services, employment, etc.) \_\_\_\_\_

## Reason for request:

\_\_\_\_\_ Enrollment in college  
\_\_\_\_\_ Student transfer  
\_\_\_\_\_ Other (apprenticeship, court, employment, etc.) \_\_\_\_\_

## How would you like to receive the records?

\_\_\_\_\_ Picked up by requestor  
\_\_\_\_\_ Picked up by: (list name here) \_\_\_\_\_  
\_\_\_\_\_ Mail to: (must list full mailing address)  
\_\_\_\_\_  
\_\_\_\_\_ Fax to: (list name and fax number) \_\_\_\_\_  
\_\_\_\_\_ Email to requestor: \_\_\_\_\_

**Signature:** \_\_\_\_\_

**\*\*If student is over 18, their signature is required if the records are not being sent directly to a school/college/vocational program\*\***

ID Verified By: \_\_\_\_\_ Received By: \_\_\_\_\_ Date/Initials Completed: \_\_\_\_\_