

McCracken County Public Schools Request for Educational Records

CURRENTLY ENROLLED STUDENTS MUST CONTACT THEIR SCHOOL OF RECORD

Failure to complete the following information will cause a delay in processing of your request.

You may type your answers on this form before you print

FULL Name at the time enrolled in school

Last: First: Middle:

Current Name: Date of Birth(M/D/YYYY): digits of SSN:

School last attended (choose school from drop down): Other

CHECK ONE of the following: Year of graduation (YYYY) Last Year attended (YYYY)

Records you are requesting Transcript Other:

Telephone number where you can be reached

Choose the format that you would like the request to be returned:

Pick up or Mailed are official; E-mail and Faxes are not:

Pick Up (By whom if not the person requesting the records)

Mailing: Name:

Street: **Apt Number**

City/ State: **Zip Code:**

Fax Number: **Name:**

E-mail Address: **Name:**

I certify that I am at least 18 years of age or a graduate making the above request concerning **my own** school records , or if a minor I am the parent/ legal guardian having custody of the student named above. **Due to Federal regulations a parent can only request this information if individual is under the age of 18 years.**

_____ Date (M/D/YYYY):

Student/Graduate signature

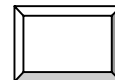
Or if a minor parent/legal guardian signature

Return to michelle.champion@mccracken.kyschools.us or fax to 270-538-4026

Processing could take 72 hours to process will contact if longer

OFFICE STAFF Verification: please initial in box you saw Photo ID/Drivers License

(Revised 10/28/15)



At time of pick up: please sign and date _____/_____/_____