

# 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

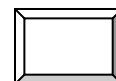
Or if a minor parent/legal guardian signature

Return to [elizabeth.cockrell@mccracken.kyschools.us](mailto:elizabeth.cockrell@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 05/18/18)



At time of pick up: please sign and date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_