

REQUEST FOR HIGH SCHOOL/SCHOOL TRANSCRIPT(S)

Name _____

Graduation Year _____ Phone _____

SS# _____ Date of Birth _____

Pick up at Board of Education Office by: _____

Mail to: _____ Attn: _____

Fax _____

Attn: _____

I authorize release of the specified record(s) to myself or the above-named person, or to be mailed/faxed to the address/fax number shown above.

Signature _____ Date _____

Board of Education
202 Main Street
Cadiz, KY 42211

Phone (270).522.6075
Fax: (270).522.7782