

REQUEST FOR RUSSELL COUNTY HIGH SCHOOL TRANSCRIPT

(SUBMIT THIS FORM TO THE RUSSELL COUNTY BOARD OF EDUCATION)

SECTION I: Education Information

Full Name: _____ Date: _____

Address: _____
(Street) (City) (State) (Zip Code)

DOB: _____ SS#: _____ Maiden Name: _____

Could your records be under any other name? _____
(Please List)

Last year of attendance: _____ Did you graduate? Yes _____ No _____ What Year: _____

Contact Phone #: _____ E-mail: _____

Father's Name: _____ Mother's Name: _____

SECTION II:

_____ Mail Transcript to: _____
(Name of college or business)

_____ (Address)

_____ (City, State and Zip Code)

_____ Fax Transcript to: _____
(Name of college or business)

_____ (Fax number)

_____ Email to this address: _____

_____ Transcript picked up

SECTION III: Certification Statement

I certify that I am _____ the person named in Section I of this document and I hereby authorize the release of the transcript to the organization indicated in Section II. I understand that the knowledge and willful request for acquisition of a record pertaining to any individual under false pretense is a Criminal Offense and could result in a fine to any individual found guilty of this offense.

(Student's Printed Name) (Student Signature or legal guardian if under age 18) (Date)

Attach a photocopy of a picture ID or have your signature notarized

You may also email request to: tabitha.bell@russell.kyschools.us

For Office Use Only

Date Received: _____ Date Sent: _____ Sender's Signature: _____

Russell County Board of Education

404 S Main St

Jamestown, KY 42629

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