

Keystone Central School District
Bucktail High School
Request For Transcript of Grades

Please provide the following (print), then sign and date this form.

DATE: _____

NAME: _____ BIRTHDATE: _____

DID YOU GRADUATE? _____ YEAR OF GRADUATION: _____

(If not, list the year and last grade attended) _____

Please check which school you attend(ed):
 Central Mountain High School
 Bald Eagle-Nittany High School
 Lock Haven High School
 Sugar Valley High School
 Bucktail High School

FORMER or MAIDEN NAME: _____

LIST YOUR ADDRESS: _____

YOUR TELEPHONE NUMBER: _____

YOUR EMAIL: _____

I give the Keystone Central School District permission to send a copy of my transcript of grades, SAT scores,
and PSSA scores to this address (please include the name of the institution):

NAME: _____

STREET: _____

CITY: _____ ZIP: _____

OR EMAIL: _____

SIGNED: _____ DATE: _____

PARENT SIGNATURE: _____ DATE: _____

(Required if under age 18)

Please Return to dverts@kcsd.us

Date Received: _____ Date Mailed: _____