

KCHS Transcript Request: CURRENT STUDENTS

The following information is needed in order to process your transcript request(s).

The cost is \$2 per transcript requested.

PLEASE PRINT LEGAL NAME:

First: _____ Middle: _____ Last: _____

DOB: _____ KCHS ID #: _____ Anticipated Graduation Date: _____

REQUEST FOR:

_____ TReX (Electronic) / Official Transcript to be sent to:

University /Facility Name: _____

Attn. (Specific Department Name or Person): _____

Admissions Office Address: _____

City /State /Zip Code: _____

_____ Common Application (Common App)

_____ Personal Copy (Unofficial – NO Rank or GPA)

_____ Pick up Copy in Person (Please Allow 24 Hours for Processing)

AUTHORIZATION (REQUIRED):

Signature (Student / Parent): _____

Date of Request: _____

(TO BE COMPLETED BY OFFICE STAFF ONLY)

Request Processed by: _____ Date Mailed by the Registrar's Office: _____

Amount Collected: _____ Payment Date: _____

TReX Tracking #: _____