

KCHS Transcript Request: FORMER 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 (When attending KCHS): _____

DOB _____ Graduation Year: _____

Or, If not a Graduate, Last Year Attended: _____

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: _____

_____ Personal Copy (Unofficial – States Graduation Year, but NOT Rank or GPA)

_____ Personal Mailing Address: _____

City /State /Zip Code: _____

_____ Pick up Copy in Person

Contact Phone Numbers: (Cell) _____

(Home) _____

AUTHORIZATION (REQUIRED):

Signature (Graduate /Adult Former Student): _____

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 #: _____