Simon Kenton High School Request for Transcript

School Records can only be released upon the request of: parents/guardians, while their child is in high school or until they reach 18 years of age, current students, and previous students of Simon Kenton. (No verbal request will be accepted.) (REVISED 9-5-12)

The following student	t information is needed in orde	er to release transcripts:		
	OR			
MAIDEN NAME	Last Name	First Name	Middle Name	
	OR			
Year of Graduation	Date of Withdrawal	Date of Birth		
Number of Copies Requesting	Home Phone Number	Work Phone Number	Other Number	
Name of Individua	l Requesting the Transcript			
	or			
Parent/Guardian Signa	ture Date	Student/Alumni Signature	Date	
Name/Organization as	nd Address Where the Transcr	ript(s) Should Be Sent:		
		DATE MAILED:		
		DATE PICKED UP:		
-		DATE FICKED UT:		
Transcript Cost: Please Check and En	\$ 5.00 each aclose the Appropriate Form o Be Made Payable to: Simon Visa/MasterCard	n Kenton High School.		
Manay Ordan	All info, must be completed if paying with credit. Cash	Account Number		
Money Order Return Requests to:	Simon Kenton High School	Date of Expiration	Security Code	
Acturn Acquests to	11132 Madison Pike Independence, KY 41051 Attention: Jeanne Cooper Or	Home Street Address		
	O1	City, State	City, State & Zip	
IF PAYING BY: Vi	sa/MasterCard			

Fax to: (859) 363-4198