

North Kansas City High School Transcript Release Form

Once you request transcripts, this form will remain on file for future requests.

NAME _____ DATE OF BIRTH _____
PLEASE PRINT

NKCHS STUDENT ID# _____ DIPLOMA GOAL: NKC Coll. Prep. Gold Medallion I.B. ACE

Authorization Statement and Signature

I authorize North Kansas City High School to release information to the school or individual named.

DATE: _____

Parent / Guardian: _____
Parent / Guardian needs to sign if student is under 18.

Student Signature: _____

FINAL TRANSCRIPT

When you complete your Senior year you will need to send another **Final Transcript** (that includes all grades to the end of the year.)
The school that you will be attending will require another Final Complete Transcript to be sent upon Graduation.

College:	
Address:	
City/State:	
Zip:	



Please sent my transcript to:	
College:	
Address:	
City/State:	
Zip:	
College:	
Address:	
City/State:	
Zip:	
College:	
Address:	
City/State:	
Zip:	
College:	
Address:	
City/State:	
Zip:	

NOTES OR SPECIAL INSTRUCTIONS: _____

