

## **TRANSCRIPT REQUEST**

To: Releasing School Counselor \_\_\_\_\_ School Name: \_\_\_\_\_

Student Name: \_\_\_\_\_ School Ph: \_\_\_\_\_

DOB: \_\_\_\_\_ School Fax: \_\_\_\_\_

Date of Request: \_\_\_\_\_

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Dear Counselor:

The student listed above has been withdrawn from your school. We request that her current transcript be faxed or emailed to the email address below. Please release all academic and health records to the receiving school above. Please include her cumulative folder and any withdrawal grades.

Note: According to the Final Regulations – Family Educational Rights and Privacy Act, (Buckley Amendment) Dated 6-17-76

Signature of Requesting Parent/Guardian or School Official: \_\_\_\_\_

Please send records to:

[kcca.admissions@teenchallenge.cc](mailto:kcca.admissions@teenchallenge.cc)