



Grant County Public Schools Request for Educational Records

CURRENTLY ENROLLED STUDENTS MUST CONTACT THEIR SCHOOL OF RECORD

Failure to complete the following information will cause a delay in processing of your request.

FULL Name at the time enrolled in school

Last: First: Middle:

Married Name: DOB: SSN:

School last attended: Grant County High Eagle Creek Academy Grant County Middle

CHECK ONE of the following: Year of graduation Last Year attended

Records you are requesting Transcript Other:

Telephone number where you can be reached

Chose the format in which should this request be returned; pick up or mailed are official; email and fax are not:

Pick Up (By whom if not the person requesting the records)

Mailing: Name:

Street: Apt Number

City/ State: Zip Code:

Fax Number: Name:

E-mail Address: Name:

Verification of Drivers License or Picture ID

I certify that I am at least 18 years of age or a graduate making the above request concerning **my own** school records, or if a minor I am the parent/ legal guardian having custody of the student named above. **Due to Federal regulations a parent can only request this information if individual is under the age of 18 years.**

Date:

Student/Graduate signature
Or if a minor parent/legal guardian signature

Return to tonya.young@grant.kyschools.us or fax to 859-824-3508 attn: Tonya Young