

**KENNEWICK SCHOOL DISTRICT**  
1000 W 4th Ave  
Kennewick, Washington 99336  
Telephone (509) 222-5626 FAX (509) 222-5053  
Business Hours: 7:30 a.m. – 4:30 p.m.  
[www.ksd.org](http://www.ksd.org)

## HIGH SCHOOL TRANSCRIPT REQUEST

The Federal Family Rights and Privacy Act of 1974 (FERPA 1974) and the Health Insurance Portability and Accountability Act of 1996 (HIPAA 1996)), require a written and signed authorization from the student who has attained the legal age of eighteen. The Kennewick School District Transcript is an official and legal document. The transcript may be obtained by completing this form in person at the Administration Center or by faxing or mailing this completed form to the Kennewick School District addresses at the top of this form. There is no fee for this service. Please allow twenty four business hours for the request to be processed.

Date \_\_\_\_\_

Time \_\_\_\_\_

Legibly Print Student Name While Enrolled In School \_\_\_\_\_

Student Date of Birth    Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Last School Attended:     KAMIAKIN     KENNEWICK     LEGACY     PHOENIX     SOUTHRIDGE

Last Calendar Year Attended \_\_\_\_\_

Student's Signature \_\_\_\_\_

By signing I declare under the penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.  
(RCW Chapter 9A.60.020: Forgery is a class C felony punishable by imprisonment and/or fine).

Student's Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

**MAIL** a transcript to:

1.  My current address above.
2. Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_
3. Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

**FAX** a transcript to \_\_\_\_\_  
(faxed transcripts are not official transcripts)

**PICK UP IN PERSON** \_\_\_\_\_ transcript(s).

