

KENNEWICK SCHOOL DISTRICT
524 South Auburn Street
Kennewick, Washington 99336
(509) 222-5626 FAX (509) 222-5053

TRANSCRIPT REQUEST

The Federal Family Rights and Privacy Act of 1974 (FERPA 1974) and Health Insurance Portability and Accountability Act of 1996 (HIPAA 1996)) require a written and signed authorization from the person requesting his/her transcript if he/she has attained the legal age of eighteen.

The Kennewick School District transcript is an official and legal document which may be obtained in person or mailed first class. There is no fee for this service.

Print Student Name _____

Your Date of Birth _____
Month / Day / Year

Last School Attended: KAMIAKIN KENNEWICK SOUTHRIDGE PHOENIX

Graduate: No Yes Last Year Attended _____

Student Signature _____

(RCW Chapter 9A.60.020: Forgery is a class C felony punishable by imprisonment and/or fine)

By signing I declare under the penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Current Address _____

City _____ State _____ Zip _____ Telephone _____

KSD Policy 3600: Rights of Eighteen (18) Year Old Students

When a student has attained eighteen (18) years of age the permission or consent required of, and the rights accorded to, the parents of the student shall thereafter only be required of and accorded to the student, provided however, the parents of a student eighteen (18) years of age or older have the privilege of full access to the student's records so long as the student is dependent upon the parents for support as defined in Internal Revenue Services Regulations.

Parent Signature _____

(RCW Chapter 9A.60.020: Forgery is a class C felony punishable by imprisonment and/or fine)

By signing I declare under the penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Mail official transcript to:

1. Name _____

Address _____

City, State, Zip _____

2. Name _____

Address _____

City, State, Zip _____