



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
Email: transcripts@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 SOUTHRIDGE PHOENIX LEGACY MCP

Last Calendar Year Attended _____ Graduate Y N

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/Email a transcript to _____

(Faxed/emailed transcripts are **NOT official** transcripts)

PICK UP IN PERSON* _____ Official transcript(s)

_____ Unofficial transcript(s)

*Transcripts not picked up after 5 business days will be mailed to the student's address above.