

NORTH KANSAS CITY HIGH SCHOOL TRANSCRIPT RELEASE FORM



Name _____ Date of Birth _____

NKCHS Student # _____ Graduation Year _____

Authorization Statement and Signature

I authorize North Kansas City High School to release information to the school or individual named.

Student Signature _____ Date _____

Parent Signature _____ Date _____

A Parent/Guardian signature is required if a student is under the age of 18.

Please send my transcript to the following school(s): _____ Include My ACT Scores _____

Name of College/University

Name of College/University

Address of Admissions Office

Address of Admissions Office

City, State Zip

City, State Zip

Name of College/University

Name of College/University

Address of Admissions Office

Address of Admissions Office

City, State Zip

City, State Zip