

CONNER HIGH SCHOOL

TIM HITZFIELD, *Principal*

MARY SARGENT, *Assistant Principal*
JASON SHEARER, *Assistant Principal*
ROBIN SHUTTLEWORTH, *Assistant Principal*

JOEL FORD, *Counselor*
SHIRLEY DUANE, *Counselor*
TOM STELLMAN, *Athletic Director*

Transcript Request Form

A \$5 cashier check or money order per transcript must accompany this request as a processing fee. Requests will not be processed without payment.

Instructions: Complete this form with all applicable information. Please note: transcripts cannot be ordered without a picture ID or written and signed authorization.

A. Student Information:

LAST NAME (please print name used at time of graduation):		FIRST NAME (please print):	
Street Address:			
City:	State:	Zip:	Phone:
Date of Birth: Month / Day / Year	Year of Graduation		Current Last Name if different than above:

B. Please check at least one:

<input type="checkbox"/> Send Official Transcript to the College listed below by the following date: _____ or <input type="checkbox"/> A.S.A.P.	
Special Instructions: _____ _____	
<input type="checkbox"/> I will Pick up. Transcript when called at the number listed above.	<input type="checkbox"/> Mail... (<i>indicate to whom below</i>)
<input type="checkbox"/> Mail to address listed above.	<input type="checkbox"/> Fax to: () _____ - _____ Attention: _____

C. College or Place of Business (print college, recruiter, business, etc.)

Name:	Attn:	
Street Address:		
City:	State:	Zip:

***STUDENT SIGNATURE: (required)** _____ **DATE:** _____

In accordance with the Family Educational Rights and Privacy Act (FERPA) of 1974, your signature is required to authorize the release of your transcripts.

3310 Cougar Path, Hebron, Kentucky 41048 (859) 334-4400 ▲ FAX (859) 689-5659

www.connerhs.com

Equal Educational and Employment Opportunities

For Office Use Only:

Date Received: _____

Date Processed: _____

Processed By: _____