

RECORDS REQUEST

NAME: _____
 LAST FIRST MIDDLE MAIDEN

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

CURRENT PHONE NUMBER: _____

YEAR GRADUATED: _____

LAST YEAR ATTENDED, IF NON GRADUATE: _____

ITEMS REQUESTED (CHECK ALL THAT APPLY):

TRANSCRIPT: _____

IMMUNIZATION RECORDS: _____

OTHER INFORMATION NEEDED (PLEASE SPECIFY): _____

SEND TO: _____

SIGNATURE: _____

DATE: _____

Fax # 423-378-8489 – email addresses: tslivesay@k12k.com or njoyce@k12k.com

