

KENEDY HIGH SCHOOL TRANSCRIPT REQUEST FORM

OFFICE USE ONLY

DATE RECEIVED _____
APPLICATION DEADLINE _____
DATE MAILED _____
DATE FAXED _____

DATE _____

STUDENT NAME _____

I request a Transcript from **Kenedy High School** or **Karnes County Academy** – circle one

Graduate or **Former Student** – circle one

Graduated in _____ (year) or **years attended** _____

I request an:

_____ Official Transcript- pick up or mailed to a college - circle one
_____ Unofficial Transcript- pick up or faxed to a college - circle one

Send my transcript to:

List school or schools & City / personal address / or specify pick up:

TRANSCRIPTS will be ready for pick up or mailed within 72 hours from receipt of request.

Student Signature: _____

Take the form to the Kenedy High School Counselor's office or
mail to:

Kenedy High School
Attn: Counselor
401 Hwy 719
Kenedy, Texas 78119