



Administration Center
5401 E 103rd St.
Kansas City, MO 64137

COPY OF TRANSCRIPT OR RECORDS

Name: _____

School Attended: _____

Year Graduated: _____ Year Last Attended: _____

Date of Birth: ____/____/____
(MM/DD/YYYY)

Social Security Number: _____ - _____ - _____

Information Requesting: _____

Who's Requesting Records: _____

Phone Number: _____

Fax Number: _____

Pick-up/ Mail To: _____

- **PLEASE SEND PHOTO IDENTIFICATION FOR THE PARTY REQUESTING RECORDS**