

KENNETT HIGH SCHOOL

409 Eagles Way
North Conway, NH 03860
Phone: 603-356-4343
Fax: 603-356-4391

Email completed form to Jennifer Wiggin: j_wiggin@sau9.org

RECORD RELEASE AUTHORIZATION ALUMNI TRANSCRIPT

I authorize Kennett High School to furnish copies of records (including courses taken, grades received, credits assigned, class rank, SAT I and SATII scores, activities, sports, clubs, honors, awards, and teacher's recommendations) pertaining to the student (below) to post-secondary schools, private schools and scholarship programs to which he/she may apply. Information on attendance and/or discipline may be released if specifically asked for by the college.

Please be aware transcript requests could take up to two weeks for processing.

Name and address of college/school transcript should be mailed to:

Student's Name – Please Print Year of Graduation Date of Birth

Maiden/Other Name

Signature of Parent or Guardian Date
(Parent/Guardian's signature is required if student is under 18)

Your contact information should we have any questions:

Email address: _____ Phone Number: _____