

TRANSCRIPT REQUEST

**Keene High School
Main Guidance Office
43 Arch Street
Keene, NH 03431
603-352-0640 ext. 3776**

**Consent for Records Release by Adult Student
Fee: \$3 (cash, check or money order payable to KHS)**

Name: First/Last (maiden name) _____

DOB: _____ Telephone #: _____

Year of Graduation **OR** Last Year Attended _____

I am a former or current student in the Keene School District and am over the age of 18.
By my signature below, I authorize the release of my transcript to:

Date: _____ Signature: _____

Address to be mailed to: _____

