

KEENE COMMUNITY EDUCATION
438 WASHINGTON STREET - KEENE, NH 03431
(603) 357-0088 Fax: (603) 357-9070

KCE Office use only
Date rec'd _____
Transcript Fee \$5.00 _____
Date sent _____

RELEASE OF RECORDS

Type of Record: GED® Transcript _____ Date Received _____
Check (✓) one ADP Transcript _____ Year Graduated _____

A fee of five dollars (\$5) is required for generating official or duplicate transcripts.

I, _____, hereby authorize the administrators/staff
(student—print name)
of Keene Community Education to send an OFFICIAL TRANSCRIPT of my grades to, or to subsequently communicate (by phone, mail or electronic media) about those grades with, the following:

Please complete transcript recipient name, title, department, and full mailing address:

Student's Signature _____ Date: _____

STUDENT'S CURRENT INFORMATION

Please print: First Name _____
Last Name _____
Other name(s) student may have used _____
Date of Birth _____
SS# _____

Current Address: _____
(Street Address)

(P. O. Box if applicable)

(City State Zip)

Phone number(s): _____

Don't forget to include a check, payable to KEENE SCHOOL DISTRICT in the amount of five dollars (\$5).