

**Kent County Public Schools  
5608 Boundary Avenue  
Rock Hall, Maryland 21661**

**Attn: LaKesha Hoxter  
Office of Student Services  
410-778-7138  
410-778-2896 (fax)**

Form can be emailed to: [lhoxter@kent.k12.md.us](mailto:lhoxter@kent.k12.md.us)

**TRANSCRIPT REQUEST**

Print Full Name	Date of Birth
Maiden Name (if applicable)	Graduation Date
Contact Phone Number	Last Kent County School Attended
Please <b>MAIL</b> a copy of my transcript to:	Please <b>E-MAIL/FAX</b> a copy of my transcript to:
_____	_____
_____	_____
_____	_____
_____	_____

Please also **MAIL** a copy of my transcript to my address: (Complete if you would like a copy.)

\_\_\_\_\_  
\_\_\_\_\_

**THERE IS NO COST FOR THIS SERVICE.**

My signature acknowledges notification of this transfer of records as required by the Family Educational Rights and Privacy Act of 1974 and my understanding that I have a right to receive a copy at my own expense, if requested, and have an opportunity for a hearing to challenge the content of the records. I understand that the information transferred will be treated in a confidential manner and will not be transmitted to a third party without my consent.

Transcript information may include PSAT/SAT/ACT data.

Signature: (of student if age 18 or older) (of legal guardian/parent if student is under 18 years of age)	Date
---	------