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

Attn: Pamela Price
Office of Student Services
410-778-7138
410-778-2896 (fax)
Form can be emailed to: pprice@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 **MAIL** a copy of my transcript to:

Please **E-MAIL/FAX** 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