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<u>Transcript or Duplicate Diploma Request Form</u>

Send To: Records, Kanawha County Schools
200 Elizabeth Street, Charleston, WV 25311 or email: records@mail.kana.k12.wv.us
Fax Request to 304-348-6655 Telephone 304-348-7713

| Please fill out a separat Please check record des | | nscript requested. | | |
|---|--|--------------------------|--------------------|---------|
| Transcript (No Ch Duplicate Diplom Schools. Diploma will | na (\$10.00 Fee) 🛚 Se | end Money Order Paya | ble to Kanawha Cou | nty |
| NameFirst | Middle | Last | Maid | len |
| Date of Birth | | | | |
| Last Kanawha County P | ublic School attend | ed | | |
| Did you Graduate? | Yes | _ No | ear | |
| If no, what was the last | grade that you com | pleted | | · |
| Choose one of the follo School Employr Choose one or more of Pick up Mail Email | nent Social S the following: Fax Fax I | security Card Pro | | |
| • | | | | |
| | | | | |
| We must receive signed Please provide Photo II | | ore releasing any inform | ation. | |
| Signature (Required be Must provide photo ID | fore releasing) | Date | | |