

KEENE COMMUNITY EDUCATION
171 WEST 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).