KIRKSVILLE R-III SENIOR HIGH SCHOOL
OFFICIAL TRANSCRIPT REQUEST

Please allow 3-7 business days for processing. Also note that the Kirksville Area Technical Center uses a separate request form available on their website.

Full Name_____
First Middle Last

Previous or Maiden Name(s): _____
First Middle Last

Current Address: _____

City, State, Zip: _____

Date of Birth:_____ Daytime Phone: _____

Dates of Attendance: _____ or Year of Graduation:_____

PRINT NAME AND COMPLETE ADDRESS OF RECIPIENT(S):

Mail ____ copy(ies) to: Name_____
Address_____
Address_____
City_____ State_____Zip_____

Mail ____ copy(ies) to: Name_____
Address_____
Address_____
City_____ State_____ Zip_____

Fax: ____ copy(ies) to: Name_____
Fax number _____

THE SIGNATURE BELOW AUTHORIZES KIRKSVILLE R-III TO RELEASE A COPY OF MY TRANSCRIPT TO THE RECIPIENT (S) SHOWN ON THIS FORM AND VERIFIES THAT ALL INFORMATION ABOVE IS ACCURATE. (Must be requesting person or parent/guardian if 17 years or under.)

_____ _____
Signature **Date**

MAIL REQUEST FORM TO:
Kirksville R-III School District
Attn: Transcripts
1901 E Hamilton St
Kirksville, MO 63501

OR FAX FORM TO: 660-665-3281