

KEENE COMMUNITY EDUCATION
227 MAPLE AVE. - 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 the
following address:

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 _____

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).

Mail to: Community Education, 227 Maple Ave., Keene, NH 03431