



OFFICIAL REQUEST OF SCHOOL RECORDS

Kansas Open Records Act (KORA)

Name and address of person filing request:

Name	Mailing Address	City	ST	Zip Code

Complete for High School Transcript request only:

Student Name at Graduation	Year Graduated	School Attended

Address where school record should be mailed:

Name of Person or Institution	Mailing Address	City	ST	Zip Code

Other Records Request (List Specific Records) _____

Fees *(Make checks payable to U.S.D. No. 322):*

HS Transcript	Copying	Labor	Other	Remit Payment To:
\$2.00 Each				USD 322, PO Box 60, Onaga, KS 66521

Date of Request

Signature

For Office Use Only:

Approved and released record
 Denied record release
 Delayed record release

Reason for denial or delay of school record release:

SIGNATURES:

Custodian of Record

Freedom of Information Officer

Date Action Taken

FILE A COPY OF EACH REQUEST WITH THE CLERK OF THE BOARD OF EDUCATION