708 North 18th Street, Kansas City, KS, 66102 PH: 913-371-1201 FAX: 913-371-2145 Registrar: Angie Gregory (amgregory@wardhigh.org)

TRANSCRIPT REQUEST FORM

Please complete this form and return to BWHS in person, by mail, or email. Transcripts will not be issued to anyone who has any financial obligations to the school. Please allow 1-2 business days for processing. There is a \$5.00 per transcript processing fee. We accept cash, check, or money orders only. We do not accept debit or credit cards for the transcript fee. Request forms may also be emailed to Angie Gregory, Registrar, at amgregory@wardhigh.org, but they will not be processed until payment is received.

In accordance with the U.S. Department of Education's federal law, the Federal Educational Rights and Privacy Act, (FERPA), requests must be made by the <u>TRANSCRIPT OWNER</u>. Transcripts will not be released to any person, organization, or institution without the written authorization and signature of the <u>TRANSCRIPT OWNER</u>.

By signing the request form below, I hereby give permission for Bishop Ward High School to release my school transcript and other records (proof of credits, test scores, attendance record, class rank, grade point average, and graduation date).

Personal Information (please use blue or black ink)

Last Name: (please print)	First Name: (pleas		print)	M1ddle: (please print)
Maiden Name: (please print)	Name while at BWHS (if different): (please print)			
Graduation Year or Dates Attended:	Contact #:			
Signature: (Please SIGN, DO NOT PRINT.)				Date:
Mail to:				
School/Program:				
Attention:				
Address:				
City: State:				
Zip Code:				
OR Fax to (may not be considered official by some schools/employers):				
School/Program:				
Attention:			Fax Number:	
OR Email to (may not be considered official by some schools/employers):				
School/Program:				
Attention:			Email:	
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