

CORBIN HIGH SCHOOL
1901 SNYDER STREET
CORBIN, KY 40701
PHONE: (606)528-3902
FAX: (606)523-3627

REQUEST FOR RELEASE OF SCHOOL RECORDS

STUDENT NAME (MAIDEN): _____ DATE OF BIRTH: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

YEAR OF GRADUATION/WITHDRAWAL: _____ PHONE: () _____ - _____

MAIL/FAX (CIRCLE ONE) TO: SELF () AT ADDRESS LISTED ABOVE OR:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

FAX: () _____ - _____

RECORDS REQUESTED: PLEASE CHECK () ALL THAT APPLY

TRANSCRIPT () BIRTH CERTIFICATE () IMMUNIZATION RECORD ()

PRINT NAME

SIGNATURE

DATE OF REQUEST

**** PLEASE ALLOW 5 BUSINESS DAYS FOR REQUEST TO BE PROCESSED ****