

SOUTH BUTLER COUNTY SCHOOL DISTRICT
Knoch High School - Guidance Department
345 Knoch Road
Saxonburg, PA 16056

REQUEST FOR DISCLOSURE OF RECORDS

Name _____ Date of Birth _____

Name used while a student at KHS _____
(if different from above)

Address _____

Phone No. _____ Year of Graduation _____
* * * * *

The purpose of this disclosure is: **(please check all that apply)**

- | | |
|--|--|
| <input type="checkbox"/> College/school admissions | <input type="checkbox"/> Moving to another school district |
| <input type="checkbox"/> Employment | <input type="checkbox"/> Scholarships |
| <input type="checkbox"/> Military | <input type="checkbox"/> _____ |

PLEASE NOTE: Any transcript that you personally hand-carry with you to a college/school district/employment will be "UNOFFICIAL".

An "OFFICIAL" transcript (with the school seal on it) must be mailed directly from Knoch High School.

If you desire an OFFICIAL transcript sent, please complete a Checklist Form **for each** College Application, Scholarship, and/or Transcripts.

Date

Signature of Requestor

Date

Signature of Parent (if required)