

# Kamiah High School

711 9th Street - Kamiah, ID 83536

Phone: (208) 935-4067 Fax: (208) 935-4068



## ***Transcript Request Form***

Name: (First Middle Last) \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Year of Graduation or Attended: \_\_\_\_\_

(Please allow 48 hours to process transcript request upon receiving)

**IF YOU GRADUATED PRIOR TO 2014** please submit \$2.00 for processing of this transcript.

### **Send Transcript To**

Name of College: \_\_\_\_\_

Attention: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of College: \_\_\_\_\_

Attention: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of College: \_\_\_\_\_

Attention: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### ***Your Mailing Address***

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### **Send Completed Form To:**

Attention: Andrea McMillion  
Kamiah High School  
711 9th Street  
Kamiah, ID 83536

***I give permission for Kamiah High School to release my transcript to the school(s) listed above.***

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

FAX TO: (208) 935-4068

Email: [amcmillion@kamiah.org](mailto:amcmillion@kamiah.org)