

Transcript Request Form

Parents cannot request transcripts for a student once he/she is 18 years of age

Klamath Falls City Schools
1400 Avalon St, Klamath Falls, OR 97603
Phone: 541-883-4756, ext 2
e-mail: webmaster@kfalls.k12.or.us

- **Return the completed form with a copy of your picture identification and \$3 fee to:**
Klamath Falls City Schools
1400 Avalon St
Klamath Falls, OR 97603
- When requesting transcript information former students graduating before 2001, please contact the school of enrollment.



Date: _____ Official Unofficial

Name: _____ Name while attending KFCS: _____

Mailing Address: _____

Phone Number: _____ Date of Birth: _____ Graduation Year: _____

Please send my high school transcript to:

My mailing address as shown above

University, College, School, Other (address below)

Name of College / University / Other: _____

Attn: _____

Mailing Address: _____

City, State, Zip Code: _____

My signature authorizes Klamath Falls City Schools to release my transcript records as directed above.

Signature: _____

Date Completed: _____ Registrar Initials: _____