

## Transcript Release Form Ballard Memorial High School

Phone: 270-665-8400; Fax: 270-665-9844

Please send an official transcript from Ballard Memorial High School to the person/institution listed below. (Please make sure to fill in name and address.) You may include two names and addresses per form.

Reason(s) for release request	:		
O Enrollment in educational program or institution O			
Enlisting in U.S. armed for qualification	rces O For employment		
O Other (state specific need	d for release)		
Please provide the following	information: (Please print legibly)		
Name under which you were enrolled		Graduation date/last date attended	
Current name (if different than above)		Date of birth	Social Security number
Current mailing address		City, State, ZIP	
Current daytime phone		Current email addre	ss
Current fax number if applic	able		
Signature		Date	
Please return this form to:	Ballard County Board of Educa Transcript Request 11 Vocational School Road Barlow, KY 42024	ation	

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