

**KANSAS CITY KANSAS AREA TECHNICAL SCHOOL**  
**Student Records Office**  
**2220 N 57 Street**  
**Kansas City, Kansas 66104**

Please print name and address:

\$1.00 per transcript      Cash\$\_\_\_\_\_      Check \$\_\_\_\_\_

\_\_\_\_\_  
(Last)                      (First)                      (Middle)                      (Maiden)

( ) Official copy  
( ) Unofficial copy  
( ) \$3.00 unofficial fax      Fax# \_\_\_\_\_

\_\_\_\_\_

(Address)

*All financial obligations must be paid before KCKATS transcripts will be released.*

**Please allow 5 working days to send transcripts**

\_\_\_\_\_  
(City)                                      (State)                                      (Zip)

Home Telephone Number: \_\_\_\_\_

\_\_\_\_\_  
Student's Signature

Student SS#: \_\_\_\_\_

Currently enrolled      ( ) Yes                      ( ) No

\_\_\_\_\_  
Date

If not, last date of attendance \_\_\_\_\_

Print clearly where transcript is to be sent:

\_\_\_\_\_ Number of copies.

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(City)                                      (State)                                      (Zip)