Powell County Request for Educational Records

Please fill in the following information to obtain school educational records. Fax form to: 606-663-3303 Attn: Sarah or email to sarah.wasson@powell.kyschools.us

Full Legal name of person whose records you are requesting Maiden name if married:	
Address:Phone Number:	
Date of Birth:	
Father/Guardian: Mother/Guardian:	
Check the records you are requesting:	
Attendance Grades Transcript Other	
From which school(s) are you needing records?	
☐ Powell County High School ☐ Powell County M☐ Bowen Elementary ☐ Clay City Elementary ☐ Star	
Did you graduate from the Powell County High School? [If yes, what year did you graduate? If no, what was the last year you completed school in Powell foo, what was the last grade you completed in Powell Co	ell County?
Please state the reason for the request:	
If you are not planning to pick up the records, please li faxed or mailed to: Name: Fax:	<u>.</u>
Address:	
By signing this form, you are assuring the Powell County or the legal parent/guardian of the person whose records at Parents/guardians may only request records of their children	re being requested.
Name (Please Print) :	
Signature	Date