

PRATT LEARNING CENTER

348 NE S.R. 61 Pratt, KS 67124 620-450-2275 Fax 620-450-2279

Transcript Request

To Whom It May Concern:

SB182, Article 5, Privacy of Pupil Records, 10947 have modified Public Law 93-380, regarding the "Release of School Records", which reads: "A school district is not authorized to permit access to pupil records to any person without parental consent or under judicial order EXCEPT that: (a) Access shall be permitted to the following: Officials and employees of other schools or school system including, local, county or

education programs leading to high school graduation are provided. Where the pupil intends to or is directed to enroll subject to the rights of parents is provided in section 10930."

Pursuant to the above, we are requesting a transcript of GRADES, CREDITS EARNED, and an explanation of your grading system, if not A, B, C, D or F system. If student withdrew during the school term, we definitely need to have their WITHDRAWAL GRADES and any CREDITS EARNED to enroll them properly.

The undersigned student, who is seeking enrollment in the PRATT LEARNING CENTER, PRATT USD 382, Pratt, KS, authorizes this request for records from the previous school. The student further acknowledges that he/she was in good standing at the previous school and is eligible to enroll under the provisions of House Bill 2768 passed by the 1994 session of the Kansas Legislature.

Please fax a copy of my high school transcript to the Pratt Learning Center (620-450-2279) or email to prattlc@usd382.com and then mail an official transcript to:

Pratt Learning Center

Attn: Registrar 348 NE S.R. 61, Pratt, KS 67124

Thank you for your prompt attention. You may reach The Learning Center at Pratt at 620-450-2275.

Sincerely,		Date
(S	tudent Signature)	
Student information:		
Name:	Maiden Name	2:
Date of Birth:	Partial Social Security Number:	
		(Last 4 numbers only)
Name of School:	City:	State:
I attended high school from (years):		(Currently working toward a
	(example: 1995-2000)	high school diploma)
	(Office Use Only)	
FAX		

To:		From: Pratt Learning Center	
Fax:		Pages: 1	
Phone	e:	Date:	
Re:	Transcript Request	cc: File	