

**Dr. Steven Chancellor**

Superintendent

**Mr. Robert Vice**

Principal, grades 7-12

**Mrs. Janet Boys**

Principal, grades PK-6

www.purdyk12.com

**Purdy R-II Schools**

PO Box 248

Purdy, Missouri 65734

(P) 417.442.3216

(F) 417.442.3963

First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Middle Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name (Maiden Name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year of Graduation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If NOT a Graduate, please list the YEAR you SHOULD have graduated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I authorize Purdy High School to release my Day School and/or Night School transcripts,

IEP (Individual Education Plan), ACT Scores, EOC Scores, and Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to:

Home Address (Please fill in below signature).

Pick up at Main Office (Allow 2-3 days).

School/Institution/Other.

**Address (City, State, Zip Code)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Fax to:

**Fax number (Institution, fax number, phone number, attention)**

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Number of transcripts requested: \_\_\_\_\_\_\_\_\_\_\_\_\_

**I understand that this information will be treated as confidential.**

**Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student or Parent (If student is 18 or older only, student may sign)**

**Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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