

# Dr. Paul L. Kelley Volunteer Academy Transcript Request Form

(For Colleges or Employment)

NOTE: This form may be completed by the student. If a parent wishes to complete the form, it must be completed by the custodial parent. A parent may not complete the request form if the student is 18 years of age.



Please allow 5 business days to process your request (14 days if requesting counselor recommendation )

|                 |                  |                    |                   |
|-----------------|------------------|--------------------|-------------------|
| Last Name _____ | First Name _____ | Age ____           | Class of 20 _____ |
| Birthdate _____ |                  | Phone Number _____ |                   |

**Check one:** Need Official Transcript \_\_\_\_\_ Need Unofficial Transcript (released to student) \_\_\_\_\_

**Date Submitted to PKVA Office** \_\_\_\_\_

**College 1 (or) Employer:** \_\_\_\_\_ **College 2 (or) Employer:** \_\_\_\_\_

\_\_\_\_\_ Check here if you are applying via Common App.

\_\_\_\_\_ Check here if you are applying via Common App

Address: \_\_\_\_\_

Address \_\_\_\_\_

Please provide my college choices with the following checked items:

\_\_\_ Transcript of courses and grades    \_\_\_ ACT Scores \_\_\_\_\_    \_\_\_ SAT Scores \_\_\_\_\_

*(To ensure that we send all ACT/SAT scores that are currently available to us, please list the date of your last test above.)*

\_\_\_ Copy of current schedule

\_\_\_ School Profile

\_\_\_ Secondary School Report (**College has requested this and student has provided completed form & information.**)

\_\_\_ Other: \_\_\_\_\_

**If the application states that a counselor recommendation is REQUIRED please check here** \_\_\_\_\_

**This can take additional time, so please select one:**

**Send transcript now without the letter** \_\_\_\_\_ **Wait to send transcript with the letter** \_\_\_\_\_

**YOU MUST SUPPLY A “Student Profile Sheet/ High School Resume” TO THE COUNSELOR IF YOU NEED A RECOMMENDATION LETTER AT LEAST 2 WEEKS IN ADVANCE OF WHEN YOU WANT IT SUBMITTED!!**

I request PKVA Office mail to the institution named above my official transcript and/or test scores. I understand that this information is confidential, and I hereby waive any rights I may have to review its' content.

\_\_\_\_\_  
**Student Signature**

**Completed Transcript Request forms can be submitted by email or fax:**

Email: [michelle.cinnamonyoung@knoxschools.org](mailto:michelle.cinnamonyoung@knoxschools.org)

FAX: Attn: Mrs. Cinnamon to fax number 865-362-6803

\*\*\*\*\*DO NOT WRITE BELOW OFFICE USE ONLY\*\*\*\*\*

|                         |
|-------------------------|
| Date Sent: ___/___/20__ |
| By: _____               |