

North Platte High School
Former Student Transcript Request Form

Name While In High School:

First

Middle

Last

Current Name If Different:

Current Address:

Telephone Number: () _____

Email Address: _____

Graduation Year: _____

Name, specific office, and address where transcript is to be sent
(complete mailing address required):

Student Signature

Date

Parent Signature

(Parent must sign if you are under the age of 18)

Date

Please email, mail, or fax request.

Email: accountspayable@nppanthers.org
Fax: 816-992-8955

Mail:
North Platte R-I School District
212 W. Sixth St.
Dearborn, MO 64439