

# Paola High School Transcript Request

Student's Name (first and last): \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Year of Graduation or year last attended: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Send Transcripts to:  
(Include campus location)

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office use only

date processed \_\_\_\_\_

Please mail transcript requests to:

Paola High School  
c/o Linda Rice  
401 N. Angela Dr.  
Paola, KS 66071

OR

Email to:

[linda\\_rice@usd368.org](mailto:linda_rice@usd368.org)