

# Kirkwood Community College Adult High School Record Request Form

**Instructions: Please fill in the information below as completely as possible. (\*Denotes required fields.)**

**Please note: As of November 10, 2014, all official GED(R) and HiSET(R) records requests in Iowa must be requested through Diploma Sender. Requests are completed online at <http://www.diplomasender.com> or by calling (855) 313-5799. (An additional \$6.00 charge is added for phone orders.)**

**\*Program of Study:** Adult High School Diploma

**\*Full Name at time of attendance:**

**\*Social Security Number**

**\*Date of Birth:**

Month

Day

Year

**\*Year Adult High School Diploma Received**

**\*Current Full Name**

**\*Phone Number**

**\*Current Address**

**\*City**

**\*State**

**\*Zip Code**

**\*Location Classes Taken/Diploma Received: (Choose One)**

- |   |                                  |   |
|---|----------------------------------|---|
| <input type="radio"/> Anamosa State Penitentiary                  | <input type="radio"/> Marion     | <input type="radio"/> Williamsburg          |
| <input type="radio"/> Belle Plaine                                | <input type="radio"/> Monticello | <input type="radio"/> Other--Please Specify |
| <input type="radio"/> Iowa City Learning Center                   | <input type="radio"/> Tipton     |   |
| <input type="radio"/> Iowa Medical and Classification Center      | <input type="radio"/> Vinton     |   |
| <input type="radio"/> Cedar Rapids (Lincoln/Resource/Main Campus) | <input type="radio"/> Washington |   |

**\*Item Needed (Choose One)**

- Official Kirkwood Adult HS Transcript  Duplicate Kirkwood Adult HS Diploma (\$15 fee required)

**I authorize the release of my records to the following individual or agency:**

Please Mail

Please Fax

**\*Name**

**\*Agency/Institution**

**\*Address**

**\*City**

**\*State**

**\*Zip Code**

**Phone Number**

**Fax Number**

**\*Signature**

**\*Date**

**Return form to: Kirkwood HS Completion Program Attn: Records 6301 Kirkwood Blvd SW Cedar Rapids, IA 52403 or fax to 319-398-1049. Requests take 5-15 days for processing.**

For Office Use Only:

Date Received

Initials

Date Mailed

Date Faxed

Date Emailed

Initials