PROOF OF AGE REQUEST Pulaski County School District, P.O. Box 1055, Somerset, KY 42502-1055

DATE OF REQUEST		D Mail DPhone DFax DE-Mail D@ Office
Ву	(s	ignature)
Photo ID	(Kir	nd) Number
	e the record requested, his/her req	est Form may be mailed to requestee. For the quest form must be signed by the requestee and the
NAME		rst) (Middle)
Notarized Signatu	<u>ıre</u> of individual named in blo	ock above signifying that he/she is the person UEST IS NOT MADE IN PERSON @ THE OFFICE)
X Signature of R	equestee	Date
DATE OF BIRTH _	//	NOTARY
		My Commission Expires
NAME OF FIRST SC	HOOL ATTENDED IN PULASKI CO	DUNTY:
YEAR	GRADE LEVEL	
PARENT/GUARDI	AN NAME ON SCHOOL RECO	RDS:
CHECK ONE: PICK UP	Date to Be Picked Up	
□ MAIL	Mailing Address	:
RECORDS ARE <u>N</u> C	<u>OT</u> FAXED.	
	For Office	Use Only
School Name	No School Year	