

# KINGS HIGH SCHOOL

## Request for Transcript (Former Student)

Name \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ DOB \_\_\_\_\_

Maiden name (if applicable): \_\_\_\_\_

Current address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone number: (\_\_\_\_) \_\_\_\_\_

Year graduated Kings High School: \_\_\_\_\_

If you did not graduate from Kings High School, list the years you attended KHS \_\_\_\_\_

Please indicate the address to which the transcript is to be sent:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby grant permission for Kings High School to release my official transcript to the above address.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Please list here if other documents (SAT/ACT scores, etc.) are to be sent (if available in file):

\_\_\_\_\_  
\_\_\_\_\_

**PLEASE ALLOW AT LEAST TWO WEEKS FOR PROCESSING  
FROM THE RECEIPT DATE OF THIS REQUEST.**

Return this form to: Jenny Cronin  
Kings High School  
P.O. Box 913  
5500 Columbia Road  
Kings Mills, OH 45034

**Kings High School Fax – (513) 459-2938**

*office use only*  
date received \_\_\_\_\_ by \_\_\_\_\_  
date sent \_\_\_\_\_ by \_\_\_\_\_