



Kingston High School Transcript Request

Please fill out all fields and either print or save when completed. Missing or incomplete information can cause delays in processing. Once completed, forms can be mailed to: Kingston High School, ATTN: Transcript Office, 403 Broadway, Kingston, NY 12401, or emailed to kbrown@kingstoncityschools.org **AND**

lssexton@kingstoncityschools.org.

For GED/TASC please see our website for more information.

Current name - type or print

Date of birth

Full name at graduation (maiden name)

Graduation year

Graduated from KHS? _____
Yes No

If **NO**, last year attended _____

Email address

Area code and phone number

High School Transcript: _____
of copies

Check one of the following: (Please allow 3 business days, once received in our office for processing requests)

_____ I will pick up transcripts in the counselor's office. **PHOTO ID IS REQUIRED**

_____ Please FAX to the following organization and fax number:
Faxed transcripts are **unofficial**

Organization

Fax number with area code

_____ Please mail official transcripts to:

College/University/place of business/Military
or address on file at KHS

Address line #1 - Street/PO Box

Address Line #2 - City, State and Zip Code

Signature

Today's date