REQUEST FOR ACADEMIC TRANSCRIPTS

KINGSWOOD REGIONAL HIGH SCHOOL
396 S. MAIN STREET
WOLFEBORO, NH 03894
FAX: 603 569 2001

Number of Transcripts Requested	

Please print out this form and either mail it to the address above, or fax it to the fax number listed above. Please allow 5-10 business days for delivery.

Name **(at time of graduation)**:		
Last:	First:	Middle Initital:
Date of Birth:	Year of Graduation: (If you did not graduate, what year would you have graduated)	
Type of Transcript Requested: Official ☐ Unofficial ☐	Please circle one. Pick Up Mail	

Where would you like these mailed…please include complete address(es).

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

Student's Signature:	Date:
_____	_____