

KINGSWOOD REGIONAL HIGH SCHOOL

**396 South Main St.
Wolfeboro, NH 03894**

Telephone: 603-569-2055 Fax: 603-569-2001

REQUEST FOR ACADEMIC TRANSCRIPTS

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 Initial: _____

Date of Birth: _____ Year you graduated (or would have): _____ Phone Number _____

Type of Transcript Requested: Please one

Official

Unofficial

Please one

Pick Up

Mail

If mailing, where would you like these mailed – Please include complete address

_____	_____	_____
_____	_____	_____
_____	_____	_____

Student's Signature: _____ Date: _____