



# 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](mailto:kbrown@kingstoncityschools.org) **AND**

[lssexton@kingstoncityschools.org](mailto: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