KING SCHOOL

KING TRANSCRIPT RELEASE FORM

**All fields must be completed in order for this request to be processed*

Student Name: _____

Graduation Year: _____

Date Requested: _____

Reason for Request: _____

Transcript will be: _____ Picked up by Parent/Guardian _____ Mailed

Choose One: _____ Official Transcript _____ Un-Official Transcript

Person/Institution Requesting Transcript: _____

Mail to Contact Name: _____

Mail to Address: _____

_____

Please Note

- *Official King transcripts will only be sent to the requesting institution or given to parent/guardian in a sealed envelope with an official signature on the envelope flap*
- *Unofficial King transcripts will be stamped "Unofficial"*
- *Parent/Guardian must sign or submit a release form for students under 18 years of age*

I give my consent to release the official King School record for: _____

to the above mentioned institution/person.

Name of Parent/Guardian Printed: _____

Signature/Date: _____

SUBJECT TO APPROVAL OF THE DIRECTOR OF ADMISSION AND FINANCIAL AID, YOUR REQUEST WILL BE PROCESSED WITHIN 5 BUSINESS DAYS.

FOR ADMISSION OFFICE USE ONLY

DATE RECEIVED BY DIRECTOR OF ADMISSION: _____ DATE APPROVED: _____