Transcript Request
(Currently Attending KHS)

KINGSLAND HIGH SCHOOL
705 North Section Avenue
Spring Valley, MN 55975

☐ A.S.A.P. ☐ After Final Grades
☐ Official ☐ Unofficial
_____ **# of Copies Needed**

_____
Full Name

_____
Date of Birth **Year of Graduation** **Telephone Number**

Email Transcript To: **(needed only if you want a transcript emailed to you)**

Unofficial transcripts will be emailed at the end of each quarter upon student request.
Official transcripts for college applications will be mailed if a pre-addressed, stamped envelope is provided.
Official Transcripts will be mailed to colleges upon request after graduation.

College(s) Applying to: (Colleges may accept emailed transcripts from the school for application purposes)

_____ _____ _____

Consent for Release By signing below you are authorizing Kingsland High School to release your academic transcript.

_____
Student Signature (Required) **Today's Date**

- -

FOR OFFICE USE

_____ _____
DATE **PROCESSED BY – Office Signature Required**

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