

Transcript Request
Kingsland/Spring Valley/Wykoﬀ Graduates

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

- Official** _____ # of copies
 Unofficial _____ # of copies

Current Name **Date of Birth**

Current Address **Current Phone Number**

Name while attending high school (if different than listed above) **Year of HS Graduation**

Mail Transcript To:

College/Individual

Street **City** **State** **Zip**

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

Signature Required **Date**

This form must be completed and mailed to the address above or faxed to: 507-346-7278.

NOTE: There is a \$5.00 charge per transcript. Payment can be made in cash, personal check written to ISD #2137.

FOR OFFICE USE

DATE MAILED

PROCESSED BY – Signature Required