

the king's school

PREPARING TOMORROW'S LEADERS TODAY

P.O. Box 300, Lake Luzerne, New York 12846 ~ 518-654-6230 ~ 518-654-7310

TRANSCRIPT REQUEST FORM

First, Last (Maiden) Name _____ Last Year Completed _____
Address _____ Phone _____
City _____ State _____ Zip _____ Email _____

I, _____, give The King's School permission to send
_____ copies of my official transcript to...

Transcript Status: Send now Hold for quarter grades Hold until Graduation

1 Name _____ Email Mail
Address _____ City _____ State _____ Zip _____
Phone _____ Fax _____ Email _____
Attention _____ Date Needed by _____

2 Name _____ Email Mail
Address _____ City _____ State _____ Zip _____
Phone _____ Fax _____ Email _____
Attention _____ Date Needed by _____

3 Name _____ Email Mail
Address _____ City _____ State _____ Zip _____
Phone _____ Fax _____ Email _____
Attention _____ Date Needed by _____

Note: Students with holds on their accounts will not receive transcripts until all holds are cleared. - See student handbook and financial sheet. For further information, please contact the Business Office at 518-654-6230.

Transcripts may take up to 2 weeks to process.

Please submit all transcript request forms to Attention: Administrator of Records

P.O. Box 300, Lake Luzerne, New York, 12846 ~ 518-654-6230 ~ Fax 518-654-7310 ~ back_office@kingsschool.info

Student's Signature _____ Date _____
(If student is 18 or older)

Parent's Signature _____ Date _____
(If student is younger than 18)