Kent Island High School
900 Love Point Road
Stevensville, MD 21666
Guidance Fax No.: (410) 604-2088

Office Use only:

Date Received: _____
Date Sent: _____

Staff Initials: _____

TRANSCRIPT REQUEST FORM

Please fill-in the items listed below. Processing time is normally 2-3 days, however, it may take longer during certain times of the year. Given the volume of requests that the Counseling Department receives daily, we are unable to contact you when your transcript is ready. It is your responsibility to come in and pick up your transcript after 3 days. You can also contact Mrs. Gorman at (410) 604-2070, Ext. 4001 to see if your transcript is ready.

Date: _____

Student Name at time of graduation: _____

Phone Number: _____ Year of Graduation: _____
(required)

No. of Transcripts Needed: _____

Student Signature: _____

Parent Signature: _____
(If student is under 18)

____ I will pick up my transcript(s)

____ I authorize _____ to pick up my transcript(s)

____ Mail my Transcript to School (Indicate below)

Mail my transcript to: (additional schools may be added to the back)

Name of School _____ Name of School _____

Address: _____ Address: _____

_____ _____