



C.E. King High School

Transcript Request Form

1. Full name of former student making request.*
Please note that only the individual or parent/guardian can request his/her educational record.
2. Maiden name, if different from name in #1.*
If unmarried female or male, please enter N/A
3. Social Security Number (no dashes)*
for verification purposes only
4. Birth date*
for verification purposes only
 mm/dd/yyyy
5. Date of graduation from CE King High School (year only) if applicable
6. Last year in SISD, school attended if not a KHS graduate
7. Phone # where you can be reached*
8. Will transcript be picked up
 Yes, I will pick it up No, please mail
9. Address for mailed transcripts (required if to be mailed)
Please make sure you include street address, town, state and zip of mailing
10. Signature of requestor*
Required for request to be processed

You must Fax a completed copy of this form along with a picture ID to:

281-459-7364