



C.E. King High School

Transcript Request Form

Full name of former student making request.*

Please note that only the individual or parent/guardian can request his/her educational record.

Maiden name, if different from name in #1.*

If unmarried female or male, please enter N/A

Social Security Number (no dashes)*

For verification purposes only

Number of Copies Needed

Today's Date

mm/dd/yyyy

Birth date*

for verification purposes only

mm/dd/yyyy

Date of graduation from C.E. King High School (year only) if applicable

Grade Level, if currently enrolled at C.E. King High School

Last year in SISD, school attended if not a KHS graduate

Phone # where you can be reached*

Will transcript be picked up

Yes, I will pick it up

No, please mail

Address for mailed transcripts (required if to be mailed)

Please make sure you include street address, town, state and zip of mailing

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