TRANSCRIPT REQUEST FORM

King’s College
Office of Registrar
133 North River Street
Wilkes-Barre, PA 18711
Phone: (570) 208-5870

Today’s Date: __________
Years Attended/Grad:__________

Process:       Now _______
              After grades _______
              After degree _______

Degree: Did not graduate______
Undergraduate _______
Post-graduate________
Masters______________

Current Contact Information

Name: __________________________________________
      First    Middle    Last

Name when attending (if different than above)

Address: __________________________________________
          Street

          City   State   Zip

Phone________________________

Email Address __________________________

Send Transcript to (transcripts can NOT be faxed):
(Put organization name and full address)

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________________________________________________________________________
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Official copy:________ Unofficial copy:________
$15 per copy        No Charge

Payment Total:________ Check No. __________ Cash __________

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Federal Law, FERPA 1974: a signature of the name which appears on the transcript is required.

X ___________________________ SSN __________________________
REQUIRED – Your Signature

Information below this line will be destroyed after processing