

# FORMER NORTH KINGSTOWN HIGH SCHOOL STUDENTS

## Transcript Request Form

PLEASE PRINT

First Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone Number of Person Making Request: \_\_\_\_\_

Year of Graduation: \_\_\_\_\_

Where the transcript should be sent:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**You can either fax or mail the completed form to Guidance.**

**Fax Number: 401-268-6220**

**Address: 150 Fairway Dr.  
North Kingstown, RI 02852**

**PLEASE ALLOW 2 WEEKS FOR PROCESSING YOUR REQUEST**