

SOUTH KINGSTOWN HIGH SCHOOL
OFFICIAL TRANSCRIPT REQUEST FORM

Undergraduates: Please pick up the form from the guidance office.

Graduates: Requests for transcripts cannot be taken over the phone or through this website; print this form and mail to:

SKHS, Counseling Office, 215 Columbia Street, Wakefield RI 02879

OR

Fax to:

401-360-1462

This form must be mailed (or faxed) to SKHS at least two weeks prior to your deadline:
SAT/ACT Scores are **NOT** part of your official transcript.

NAME: _____ Date of Birth: _____

Maiden Name: _____

Year of Graduation _____

Contact Phone Number: _____
(should we have any questions)

Transcripts should be sent:

Program/Employer/School Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Deadline: _____

Most be postmarked?: _____ or Received by?: _____

Signature: _____ Date: _____

Date Received: _____
Date Transcript Send: _____