TRANSCRIPT REQUEST FORM

Student Name: _____ Grad Year: _____
First MI Last

Home Phone Number: _____ Cell Phone Number: _____

Current Address: _____

ALUMNAE/WITHDRAWN STUDENTS

Name under which you attended _____
First MI Last

Graduation Year _____ If withdrawn, when did you withdraw? Month _____ Year _____

TRANSCRIPT PROCESSING

Please note that transcripts can take up to 72 hours for processing. During grading periods transcripts can be delayed by a week.

Reason for Request (e.g., transferring colleges, job applicant, transferring Primary, Middle or Upper Schools, driver's license, summer programs)

Please be specific _____

_____

☐ Now ☐ Hold for Current Trimester/Semester's Grades ☐ Hold until Graduation

OFFICIAL TRANSCRIPTS are sealed, stamped, and signed by Registrar. If opened, transcripts will automatically become unofficial. Official transcripts can also be emailed to requesting institution by KPS official.

UNOFFICIAL TRANSCRIPTS are not sealed, stamped, or signed, and are usually acceptable for driver's license verification, insurance purposes, or student records. Unofficial can be mailed, faxed, or emailed to a recipient.

Number of Transcripts Requested: Official _____ Unofficial _____

Email to: _____

Mail Official Transcript to: _____

_____

Student Signature (Required): _____ Date: _____

Parent/Guardian Signature (if student is under 18): _____ Date: _____

Parent/Guardian Printed Name: _____ Date: _____

THIS SECTION TO BE COMPLETED BY THE REGISTRAR'S OFFICE

Transcript Sent: _____
(Registrar Signature) (Date)

KENT PLACE SCHOOL

Registrar • 42 Norwood Avenue Summit, NJ 07901 • registrar@kentplace.org • www.kentplace.org