



TRANSCRIPT REQUEST FORM

King's College
Office of Registrar
133 North River Street
Wilkes-Barre, PA 18711
Phone: (570) 208-5870
FAX: (570) 208-6021

Request Date:
Years Attended/Grad:
Process: Now
After Grades
After Degree

Current Contact Information # needed

Name:
First Middle Last

Official \$10.00 per copy
Unofficial No charge

When attending (if different than above)

BA/BS
MS/MED
Post Graduate

Address:
Street

Phone
Required to process transcript

City State Zip

Cash Check No

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

OR

Signature lines for sender

I,
Signature required
Authorize King's College to charge
\$ to below credit card
Payment Method (\$10.00 per copy):

Information below this line will be destroyed after processing

PLEASE NOTE: Your signature is required for each release of records. Thank you.

Acct#:

X

Exp. Date:

Social Security Number - REQUIRED

MC VISA
AMX DISC