

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 <u>:</u> Process: Now After grades After degree			
Name:		Middle	Last			P	ost-graduate lasters	duate
Nar	me when atte	nding (if di	fferent than at	oove)				
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City			State	Zip	Ē	mail Addre	SS	
Official copy: \$15 per copy Payment Total: Check No					ial copy: No Chai Cash			
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