KING PHILIP REGIONAL HIGH SCHOOL
Transcript Request Form

PLEASE ALLOW FIVE SCHOOL DAYS FOR PROCESSING

Please submit this form to the guidance secretary. It may be dropped off, faxed to 508-384-1018 or emailed to, Lisa Gannon, at gannonl@kingphilip.org

By signing below I hereby authorize King Philip Regional High school to forward my high school transcript to the school(s) or organizations listed below.

_____   _____   _____
Student Name (Please Print – include maiden name or name change)   Date of Birth   Year of Graduation

_____   _____
Signature   Date

> **OFFICIAL TRANSCRIPT** – Transcript is officially stamped and contains school seal. Most official transcripts are mailed directly from the guidance office to a school/organization. If you want your transcript mailed to a school/organization, please complete the section below.
>
> **UNOFFICIAL TRANSCRIPT** – Transcript is stamped "COPY", does not have official stamp or school seal and may be hand carried or mailed.
>
> **RMV DOCUMENTS** – The Registry of Motor Vehicles requires two proofs of residency: a Official Transcript and a Student Letter of Residency. Both items will be provided. Please provide your address below so that we may verify in our records system.

Check all that apply: **____ Official Transcript**   **___ Amount needed**
                                                ____ Unofficial Transcript   **___ Amount needed**
                                                ____ RMV Documents

Destination of Transcript - Please print clearly

School/Organization_____
Address_____
              Street   Town   State   Zip

School/Organization_____
Address_____
              Street   Town   State   Zip

School/Organization_____
Address_____
              Street   Town   State   Zip

School/Organization_____
Address_____
              Street   Town   State   Zip

RMV Documents - Home Address Verification:

Address_____
              Street   Town   State   Zip

For Office Use Only
_____   _____
Date Mailed/Delivered   Initials

Revised 1/11/2021