

Transcript Request Form

Ketchikan High School 2610 4th Ave Ketchikan AK 99901
Fax # 907 247-5761 Phone 907 225-9815
Kelli Carlin-Auger KHS Registrar kelli.carlin-auger@k21schools.org

Date of Request _____

Your name: Last (PRINT) _____ First _____ MI _____

Please indicate below if you used a different name when you attended KHS
i.e. maiden or your step-parent's last name _____

Year of birth (month, day and year) _____

If graduated what year: _____ or the year you last attended KHS _____

Please choose one:

I need OFFICIAL (signed & sealed) copy _____

UNOFFICIAL (not signed) copy _____

Please choose one:

Pick up: _____ **OR**

Send my transcript to: _____

*****Transcript will be mailed or available to you in 1-2 business days
There is a \$3.00 fee for records retrieval. We are not set up for credit cards.
Please remit payment by mail or other means.**

Signature: _____

Contact phone number () _____