

TRANSCRIPT REQUEST FORM

ALL SPACES MUST BE COMPLETED

CURRENT NAME: _____

MAIDEN NAME, IF APPLICABLE: _____

DATE OF BIRTH: _____

CURRENT ADDRESS: _____

CURRENT TELEPHONE NUMBER: () _____

DID YOU GRADUATE?

IF YES, YEAR GRADUATED: _____

IF NO, LAST YEAR AND GRADE ATTENDED: _____

MAIL TO: _____

FAX TO: () _____

Attn: _____

HOLD: Will be picked up by: _____

Date for pick-up: _____

Official Transcript (For applications) \$5.00 per copy: _____

<p>Please send request with payment to:</p>	<p>Central Kings Rural High School 6125 Highway 1 Cambridge, NS B0P 1G0</p>
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