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Office of Registrar: (CEEB Code 102045)

TRANSCRIPT REQUEST FORM

Date _____

I _____ Student Number _____ OR,

Social Security Number _____ / _____ / _____ and D.O.B. _____

Attended _____ High School

from _____ to _____

School address: _____ City _____ State _____ Zip _____

I am giving permission to have my transcript forward to the above mentioned school.

Please indicate the main reason why you are requesting a transcript.
Thank you for your cooperation.

_____ I have NOT graduated but, I am transferring to another institution.

_____ I need it for licensing and / or certification purposes.

_____ I need it for employment purposes.

_____ I just need a copy for myself.

_____ Others, Please specify: _____.

Respectfully,

_____ (Student)