

GENOA KINGSTON TRANSCRIPT REQUEST CURRENT STUDENT

Email Address: _____

(Allows for secure, online transcript delivery method using Parchment.
Please DO NOT pay fees over Parchment at this time.)

Date: _____

Graduation Year: _____

I, _____, here by
give Genoa Kingston High School permission to forward my transcripts:

____ Please check if you are under the age of 18. A parent or guardian signature is
required if the student is under the age of 18.

**There will be a fee of \$1.00 for the first 5 official transcripts if the schools requested
use Parchment. After the first 5 official using Parchment, the fee will be \$1.00 per
transcript.*

**If the school requested does not use Parchment, the fee will be \$1.00 for the first 2
transcripts sent. After the first 2 are sent by mail, the fee will be \$1.00 per transcript
mailed.*

**Also if you want to have your transcripts sent by certified mail there is an additional
\$4.00 charge.*

Parent or Guardian Signature: _____

Student Signature: _____

Please **just name the school** you would like to send your transcript to. (Please add a city
and state if there are multiple locations for this College):

1. _____
2. _____
3. _____
4. _____
5. _____