

Request your high school transcript from Kiel High School.

Transcript Request Form

Student Name	Address
First name	Street
Last Name	City
Maiden Name	State
Date of Birth	Zip
Graduation Year	Phone (include area code)

Transcript Issued To:

<input type="checkbox"/> Admissions Office or <input type="checkbox"/> Other Contact	
School (or Company or Individual)	
Street	
City	
State	Zip

Signature _____ Date _____

Parent Signature _____ Date _____
(only if a student is under 18)

Print out completed form. Mail or fax transcript request to:

Kiel High School
Guidance Department
210 Raider Hts
Kiel, WI 53042
Fax: 920-894-5101
Phone: 920-894-2263, ext. 5160