

# Transcript Request

Date \_\_\_\_\_

Kiowa High School  
525 Comanche St.  
PO Box 128  
Kiowa, CO 80117  
Fax (303) 621-2566  
Phone (303) 621-2115

Student Name \_\_\_\_\_

Where would you like the transcript sent? Official \_\_\_\_\_ Unofficial \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Needed \_\_\_\_\_

<p>Office Use Only</p> <p>Date received: _____</p> <p>Date Sent: _____</p>
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