

Official Transcript Request Form

Please complete this form and submit to your child's current school.

It is requested that the transcripts (or report cards) of

Name of Student _____
 First Middle Last

Address _____
 Street Address City State/Zip

Student's Date of Birth _____/_____/_____
 Month Day Year

Be Obtained From:

School:	Date Requested:
Address:	Phone:
City/State/Zip:	Email:

And Delivered to:

admissions@khanlabschool.org (electronic records preferred)

Khan Lab School
1200 Villa St., Suite 100
Mountain View, CA 94041

I authorize the transfer of these records.

Parent/Guardian Signature

Date