

Official High School Transcript Request

Instructions to Students:

Please complete this form to request that your high school transcript be sent to Kilian Community College. Submit the completed form to the Admissions Office as soon as possible.

Name of High School:: _____

Address: _____

City, State, & Zip: _____

Student's Full Name: _____

Maiden Name : _____

Social Security Number: _____ Date of Birth: _____

Year of Graduation: _____

Current Address: _____

Please send one (1) copy of my high school transcript to :

Admissions Office
Kilian Community College
300 E 6th Street
Sioux Falls, SD 57103

Student's Signature: _____ Date: _____

KilianCommunityCollege

