
**Kingman Academy of Learning
High School**

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**Learners Today
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TRANSCRIPT REQUEST FORM
(Please Print and Fax to (928) 681-2424)

REQUEST FROM: (Name and Address)

GRAD YEAR: _____

DOB: _____

I, _____, give Kingman Academy of Learning permission to

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Thank you,

(Signature)

Date: _____

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**** Please follow this procedure for each college/university. ****