

TRANSCRIPT REQUEST

Registrar's Office
3100 McCormick Ave
Wichita, KS 67213
(316) 942-4291 ext. 2121
Fax: (316) 942-4483

Office Use Only:
Payment
Holds
Semesters Attended:

NOTE: Transcripts are not issued unless all financial obligations to the university are fulfilled.

Student Name _____
Last First M. Former name (s)

Current Address _____
Street City State Zip Code

Current Phone _____ Social Security Number _____

Check any of the following that apply:

- Mail transcript to the address listed below
- I will pick up transcript
- Process after degree is posted
- Process after current grades are posted (Specify term/session _____)
- Fax transcript to person and fax number listed below

- *Fill out a separate form for each address.*
- *Make payment - \$5.00 per transcript to mail transcript (\$8.00 per transcript to fax transcript)*
Cash, check or charge to DISCOVER/VISA/MASTERCARD (circle one)

Credit Card # _____ Exp. Date ____-____

Card Holder Signature _____

• **Number of Copies requested:** _____

• **Mail/Fax transcript to:**

Student Signature Date