



KANSAS BOARD OF REGENTS

CLOSED SCHOOL REQUEST FOR TRANSCRIPT

Please return this form with \$10.00 cash or money order to:

Kansas Board of Regents, Attn: PPS
1000 SW Jackson Street, Suite 520
Topeka, KS 66612-1368

PLEASE PRINT

Institution Name: _____
(Include campus location)

Student Name: _____
(First Name, Middle Initial, Last Name)

Name During Attendance: _____
(Name as it appeared on records during attendance, i.e. maiden name)

Student Social Security Number: _____

Student Date of Birth: _____

Student Address, City, & State: _____
(During attendance)

Current Phone Number: _____

Approximate years of attendance: _____

Address to mail transcripts to: _____
*(include name of addressee and/or
Institution name)*

Additional copies to be mailed to: _____
*(All additional copies require an
additional \$10.00 fee)*

Student's Signature: _____

**Note – Processing can take up to 10 days from the date request is received.*

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