



KANSAS BOARD OF REGENTS

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DATE _____

YOU RECENTLY REQUESTED A DOCUMENT FROM THIS OFFICE. THE FOLLOWING INFORMATION IS NECESSARY TO FULFILL YOUR REQUEST.

THERE IS FEE OF \$10.00 FOR EACH DOCUMENT YOU REQUEST PAYABLE BY CASH, MONEY ORDER, CASHIERS CHECK OR BUSINESS CHECK (MADE PAYABLE TO GED/KBOR). **NO PERSONAL CHECKS WILL BE ACCEPTED.**

PLEASE TYPE OR PRINT LEGIBLY.

NAME _____

NAME AT TIME OF THE TESTING _____

ADDRESS AT THE TIME OF TESTING _____

CITY _____ STATE _____

CURRENT PHONE NUMBER _____

APPROXIMATE MONTH AND YEAR TESTED _____

WHERE TESTED (CENTER/CITY) _____

SOCIAL SECURITY NUMBER _____

DATE OF BIRTH _____

WHAT ARE YOU REQUESTING?

DUPLICATE DIPLOMA _____ TRANSCRIPT _____

WHERE DO YOU WANT IT SENT?

NAME _____

ADDRESS _____

CITY _____

STATE _____ ZIP _____

SIGNATURE _____