



# KANSAS BOARD OF REGENTS

1000 SW JACKSON • PRIVATE POSTSECONDARY EDUCATION • SUITE 520 • TOPEKA, KS 66612-1368

TELEPHONE – 785-296-3422 or 785-296-0911  
FAX – 785-296-4526  
www.kansasregents.org

## CLOSED SCHOOL REQUEST FOR TRANSCRIPT

A fee of \$7.00 in cash or money order per document must accompany this form

Institution Name: \_\_\_\_\_

Student Name: \_\_\_\_\_  
*(Last name as it appeared on records during attendance, ie maiden name)*

Student Social Security Number: \_\_\_\_\_

Student Date of Birth: \_\_\_\_\_

Student Address City & State: \_\_\_\_\_  
*(During attendance)*

Current Phone Number: \_\_\_\_\_

Approximate dates of attendance: \_\_\_\_\_

Address to mail transcripts to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional copies to be mailed to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student's Signature: \_\_\_\_\_

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

Office Use:	Date Request Received _____
	Date Transcript Mailed _____