



KANSAS BOARD OF REGENTS

CLOSED SCHOOL REQUEST FOR TRANSCRIPT

Heritage College – Wichita, KS & Kansas City, MO Students Only

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)

Last 4 Digits of 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: _____
(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 10 business days from the date request is received.*