

TRANSCRIPT REQUEST FOR KANSAS WESLEYAN UNIVERSITY

Please PRINT Clearly and Firmly

NAME _____
Last First Middle Maiden/Other Name Social Security Number

1

_____ Address City State Zip

2

_____ Student Signature Date of Birth () Home Phone () Work Phone

3

Are you currently enrolled? Yes No If not enrolled, when did you attend: _____

4

Please send _____ (# of copies needed) transcripts to:

5 Enclose \$6.00 per transcript (cash, check, money order or credit card - see below)

6

MAILING LABEL - PRINT LEGIBLY AND FIRMLY

Name _____
Street _____
City, State, Zip _____

7 Special Instructions:

- A. Process now, do not hold for semester grades
- B. Hold for end of _____ semester grades
- C. Hold for degree verification
- D. Did you receive a degree from KWU?
 Yes No If yes, when? _____
- E. Will pick up

Note: Student is responsible for correct address. Use one form for each transcript requested.

VISA Credit Card # _____ Exp. date _____ 3 digit code _____
 Mastercard

ENROLLMENT & FINANCIAL SERVICES OFFICE
KANSAS WESLEYAN UNIVERSITY, 100 E. Claffin, Salina, KS 67401
785-827-5541 ext. 1260 • 800-874-1154 • Fax 785-404-1485

Transcripts are normally issued within three work days. ALLOW AT LEAST TWO WEEKS AT THE END OF TERM.

All financial obligations must be reconciled before transcripts will be released.

Student signature required before transcripts can be released.

TRANSCRIPTS FROM HIGH SCHOOLS OR OTHER COLLEGES cannot be duplicated. You must contact them directly for transcripts.

Pursuant to provisions of the Federal Family Educational Rights and Privacy Act of 1974 (Public Law 93-380) I grant permission for release of my academic record to the individual indicated.

OFFICE USE ONLY

Date Received: _____

Amount Received: \$ _____ Cash Check

Date Sent: _____

Initial _____

Transcript Holds

Type: _____

Date Returned: _____