

**Kansas Wesleyan University ~ Transcript Request Form**  
Enrollment and Financial Services, 100 E. Claflin Avenue, Salina, KS 67401

**Instructions:**

- ✓ Due to the Family Rights and Privacy Act of 1974 (FERPA) a student signature is required for the release of any official or unofficial transcript.
- ✓ Transcripts will not be issued if a student has a financial obligation to KWU.
- ✓ Print clearly to ensure proper mailing, transcripts will be sent to the address provided by you below.
- ✓ Complete one transcript request form for each address where you would like a transcript sent.
- ✓ A \$15.00 fee must be paid by check or cash in advance. All credit card payments must be made through Parchment.

Social Security Number \_\_\_\_\_ KWU Student ID if known \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

List all other/previous names \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Estimated dates of attendance \_\_\_\_\_  
From To

Number of copies requested (enclose \$15.00 cash or check for each copy requested) \_\_\_\_\_

**Special Instructions:**

- Process Now, do not hold for semester grades
- Hold for the end of \_\_\_\_\_ semester grades
- Hold for degree verification
- Will pick up – you should call (785) 833-4320 prior to picking up your transcript to ensure it will be ready
  
- Check here if you attended another school \_\_\_\_\_

**I would like my transcript:**

- Faxed to \_\_\_\_\_
- Mailed to the address below:

\_\_\_\_\_  
Name or Company

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**Office Use Only**

Date Received \_\_\_\_\_ Amount Received \$ \_\_\_\_\_  Cash  Check  Credit

Date Sent \_\_\_\_\_ Staff Initials \_\_\_\_\_

Student has a financial hold – Date returned \_\_\_\_\_