



REQUEST FOR TRANSCRIPT

To: Office of the Registrar

Name of College

Address of College

City

State

ZIP

Office of the Registrar

To Whom It May Concern:

I am enrolling in a degree program through Southwestern College. Enclosed is the appropriate fee for a transcript of my official records to be sent to:

Admissions Processing
Southwestern College
2040 Rock Road
Wichita, KS 67207

Signature _____

Name (Please Print) _____

Address: _____

City: _____ State _____ Zip _____

Social Security Number _____ Student Number (if any) _____

To the student: Please mail this form directly to the school you attended with the correct fee for the transcript.