

Please mail a copy of this request for transcripts, together with appropriate fees, if any, directly to each college or university at which previous work was or is being completed.

## Request for Transcript

**To: Student's former or current institution**

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College or University

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Street Address

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City/State/Zip

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Date \_\_\_\_\_

**Please send official transcript(s) to:  
Office of the Registrar  
Fort Hays State University  
600 Park Street  
Hays, KS 67601-4099**

**Student name and identification:**

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Last name	First	Middle	Other last name used
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Social Security Number

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Dates of Attendance

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Birth Date

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Current Street Address

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City/State/Zip

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Signature