

The student is to mail a copy of this request, together with appropriate fees, for transcripts directly to each college or university at which previous work was completed and to the college or university in which the student is currently enrolled.

REQUEST FOR TRANSCRIPT

Date _____

TO: REGISTRAR'S OFFICE

College or University

Street Address

City

State

Zip Code

I am applying for admission to The Graduate School at Fort Hays State University. Please send an official transcript of my work to:

**The Graduate School
Fort Hays State University
600 Park Street
Hays, KS 67601-4099**

STUDENT NAME & IDENTIFICATION:

Last Name

First

Middle

(Other Last Names Used)

Social Security No.

Dates of Attendance

Current Street Address

Birth Date

City

State

Zip Code

Signature

The Graduate School

Fort Hays State University

600 Park Street

Hays, KS 67601-4099

(785) 628-4236