

# Hesston College

*Transcript Request Form*  
(see information about Academic Transcripts at  
[www.hesston.edu/academic/deanso/registr/transcript.htm](http://www.hesston.edu/academic/deanso/registr/transcript.htm))

**Complete this form and mail or fax it to:**

Hesston College Registrar  
Box 3000  
Hesston, KS 67062  
Fax: 620-327-8300

**Student's Full Name:** \_\_\_\_\_

**Name used at Hesston (if different from above):** \_\_\_\_\_

**Social Security Number (or student number or date of birth):** \_\_\_\_\_

**Dates of attendance at Hesston College:** \_\_\_\_\_

**Current mailing address:** \_\_\_\_\_

\_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Mobile Phone:** \_\_\_\_\_

**Student's signature:** \_\_\_\_\_

**Payment:**

Cash, check, or money order enclosed. Amount: \_\_\_\_\_

Cash, check, or money order will follow in the mail.

Charge to credit card (circle one):    Visa    MasterCard    Discover    American Express

Name \_\_\_\_\_

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ / \_\_\_\_\_

**If the transcript is to be sent to your home address, please check one of the following:**

It is an unofficial copy for my own use.

It must be an official copy that I can present unopened to an agency, employer, or another school.

**Complete address(es) to which the transcript should be sent:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_