



Transcript Request Form
(see information about Academic Transcripts at
www.hesston.edu/academics/registrar/request-a-transcript/)

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: _____

Home Phone _____ Mobile Phone _____

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: _____

Student's signature: _____

Payment — \$3 unofficial copy / \$5 official copy / \$7 official transcript mailed and an unofficial faxed:

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 _____ Expiration Date _____ / _____

Card Number _____ CCV/Security Code _____

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:

