



KANSAS BOARD OF REGENTS

**CLOSED SCHOOL REQUEST FOR TRANSCRIPT**

**\*Heritage College – Wichita, KS & Kansas City, MO Students Only\***

Institution Name: \_\_\_\_\_  
*(Include campus location)*

Student Name: \_\_\_\_\_  
*First Name, Middle Initial, Last Name*

Name During Attendance: \_\_\_\_\_  
*(Name as it appeared on records during attendance, i.e. maiden name)*

Last 4 Digits of Social Security Number: \_\_\_\_\_

Student Date of Birth: \_\_\_\_\_

Student Address, City, & State: \_\_\_\_\_  
*(During attendance)*

Current Phone Number: \_\_\_\_\_

Approximate dates of attendance: \_\_\_\_\_

Address to mail transcripts to: \_\_\_\_\_  
*(include name of addressee and/or Institution name)*

Additional copies to be mailed to: \_\_\_\_\_  
*(All additional copies require an additional \$10.00 fee)*

Student's Signature: \_\_\_\_\_

*\*Note – Processing can take 10 business days from the date request is received.*