



KANSAS BOARD OF REGENTS

Date \_\_\_\_\_

YOU RECENTLY REQUESTED A DOCUMENT FROM THIS OFFICE. THE FOLLOWING INFORMATION IS NECESSARY TO FULFILL YOUR REQUEST.

THERE IS A FEE OF \$10.00 FOR EACH DOCUMENT YOU REQUEST PAYABLE BY CASH, MONEY ORDER, CASHIERS CHECK OR BUSINESS CHECK (MADE PAYABLE TO GED/KBOR). **NO PERSONAL CHECKS WILL BE ACCEPTED.**

**PLEASE TYPE OR PRINT LEGIBLY.**

NAME \_\_\_\_\_

NAME AT TIME OF TEST \_\_\_\_\_

ADDRESS AT THE TIME OF TEST \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_

CURRENT PHONE NUMBER \_\_\_\_\_

WHERE TESTED (CENTER/CITY) \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

WHAT ARE YOU REQUESTING?

FULL PAGE DIPLOMA \_\_\_\_\_ HALF PAGE DIPLOMA \_\_\_\_\_ OFFICIAL TRANSCRIPT \_\_\_\_\_

WHERE DO YOU WANT IT SENT?

NAME AND OR SCHOOL NAME \_\_\_\_\_

DEPARTMENT \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SIGNATURE \_\_\_\_\_

★ LEADING HIGHER EDUCATION ★