

INSTRUCTIONS: *Fill in the blanks and mail or fax the form with payment to McPherson College in Kansas. Payment methods include credit card, cashier's check, money order, and personal check.*

OFFICIAL TRANSCRIPT REQUEST

Mail or fax form and payment to:
REGISTRAR, McPherson College, P.O. Box 1402, McPherson, KS 67460-1402
Fax 620-241-8443

PLEASE PRINT

Student's Name: _____
(First) (Middle) (Last)

Social Security Number _____ Date of Birth _____

Year last summer courses were taken _____ Please send _____ transcripts to:

Was that your first summer? _____ yes _____ no _____

If your name has changed, please provide your name at time of classes _____

Transcript Fee = \$8.00 per transcript \$8.00 x _____ transcripts \$ _____

Credit Card No. _____

Expiration Date _____

Name on card _____

Cardholder's
Signature _____

Student's Present Address:

Student's Signature:
