

# Transcript Request Form

Haskell Indian Nations University  
Attn: Registrar's Office  
155 Indian Ave.  
Lawrence, KS 66046-4800

~~~~FOR OFFICE USE ONLY~~~~
Total Amount Paid: _____
On <b>HOLD</b> : _____
Processed by: _____
Issued: _____
Date Sent: _____

- ~ Transcript fee ~ \$3.00 per transcript.
- ~ Pay at the business office, return receipt to 119 Navarre Hall
- ~ No outstanding balance.
- ~ NO PERSONAL CHECKS ACCEPTED

<b>Your Name and Address:</b>
Contact number: _____

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

Are you a current student?

YES \_\_\_\_ NO \_\_\_\_

Hold for current semester grades:

YES \_\_\_\_ NO \_\_\_\_

/\_\_ / Please Mail /\_\_ / Hold for Pick Up

Last date(s) of attendance?

Other name(s) used (i.e., maiden name):

Total number requested: \_\_\_\_\_

#1- Send Transcript Here:	#2 - Send Transcript Here:
#3 - Send Transcript Here:	#4 - Send Transcript Here:

Signature: \_\_\_\_\_