



SALINA AREA TECHNICAL COLLEGE
2562 Centennial Road
Salina, Kansas 67401
Transcript Request

PRINT LEGIBLY

If you were enrolled at the school under any other name, please indicate other name below:

Present Name and Mailing Address:

_____ Zip _____

Soc. Sec. # _____

Telephone # _____

Student's Signature _____

Date of Request:

Month _____ Day _____ Year _____

No. of copies _____

Class Attended: _____

Class Dates: _____

Class Attended: _____

Class Dates: _____

Class Attended: _____

Class Dates: _____

Special Instructions:

To be picked up _____ To be mailed _____

The first transcript after you graduate or withdraw is issued without charge only if requested within a year of the graduation or withdrawal date.

For each additional transcript there is a \$7.00 fee.

Please remit: \$ _____

Allow 5 working days for processing and mailing.

MAIL TO:

_____ Zip Code _____

YOU ARE RESPONSIBLE FOR CORRECT AND LEGIBLE MAILING ADDRESS

OFFICE USE ONLY

Date received _____

Date sent _____

Amount paid _____

Initials _____

1. Fill out one request form for each addressee.
2. All financial obligations must be cleared before a transcript may be issued.
3. Transcripts from other schools cannot be duplicated. You must contact those schools directly for transcripts.
4. Mail completed transcript request to: Salina Area Technical College
2562 Centennial Road
Salina, Kansas 67401