

Southwestern College Professional Studies
REQUEST FOR TRANSCRIPT

To: Office of the Registrar

Name of College

Address of College

City

State

Zip

Office of the Registrar
To Whom It May Concern:

I am enrolling in a degree program through Southwestern College. Enclosed is the appropriate fee for a transcript of my records to be sent to:

Southwestern College
Registrar
100 College Street
Winfield, KS 67156-2499

Thank you for your help.

Signature _____

Name (Please Print) _____

Address _____

City _____ State _____ Zip _____

Social Security Number _____ Student Number (if any) _____

To the student: Please mail this form directly to the school you attended with the correct fee for the transcript.



SOUTHWESTERN
COLLEGE

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