



School of Professional and Graduate Studies

# Request for Official Transcript

Student's Name \_\_\_\_\_  
Last Name First Name Name of transcript if different (Maiden/Other Name)

Address: \_\_\_\_\_  
Street City State Zip

Name of Institution: \_\_\_\_\_  
School from which transcript is requested

Address: \_\_\_\_\_  
Street City State Zip

Date of enrollment \_\_\_\_\_ **One official copy requested**  
From To

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mail Transcript to:  Baker University  
8001 College Blvd.  
Overland Park, KS 66210  
(913) 491-4432

Baker University  
3450 N. Rock Road #401  
Wichita, KS 67226  
(316)-636-2322

Student Signature \_\_\_\_\_ Date \_\_\_\_\_



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