Transcript Request Form

To the applicant:

Please complete this form and send it to your college or university registrar. Have the registrar send an official copy of your transcript and this form directly to: **Graduate Office**, **University of Kansas**, **School of Journalism & Mass Communications**, 1435 Jayhawk Blvd., Room 201 Stauffer-Flint Hall, Lawrence, KS 66045-7575.

Name				
Last	First	Middle		
Social Secu	rity Number			
School				
	llment			<u></u>
		from	to	
Degree and	Year			
To the regis	strar:			
				reater control in the application process. Please
	sneet and an o		ne applicants	s transcript, in a sealed envelope and return to the
audi ess iiste	a above. Thai	ik you.		
			Transcript F	equest Form
To the appl	icant:			
				r university registrar. Have the registrar send an
				Graduate Office, University of Kansas, School of
		munications, 1	435 Jayhaw	k Blvd., Room 201 Stauffer-Flint Hall, Lawrence,
KS 66045-7	5/5.			
Name				
Last	First	Middle		
Social Secu	rity Number			
School				
	llment			
		from	to	
Degree and	Year			

To the registrar:

We are asking your assistance in our effort to provide greater control in the application process. Please enclose this sheet and an official copy of the applicant's transcript, in a sealed envelope and return to the address listed above. Thank you.