



**Office of the Registrar  
Express Options Form**

**3901 Rainbow Blvd, MS 4029  
Kansas City, KS 66160  
FAX: 913-588-4697**

**Instructions:** All degree verification, licensure completion, and transcripts services are processed in the order that they are received and mailed through regular postal mail. This form is used to request special express options. In order to receive express service, you must complete this form with appropriate payment information and **attach it to the original request**. Express Options will not be rendered without payment.

**Student Name** \_\_\_\_\_

**Telephone Number** \_\_\_\_\_

**Express Options (check the appropriate boxes)**

		Amount
<b>Same-Day Services (Must be received by 12:00 PM)</b>		
<input type="checkbox"/>	Domestic Mail	\$15
<input type="checkbox"/>	Federal Express Overnight	\$35
<b>Other Options</b>		
<input type="checkbox"/>	FAX Charge (Outside agencies only. Transcripts can not be faxed) FAX number) _____	\$5
<input type="checkbox"/>	Priority Mail with Delivery Confirmation	\$7
<input type="checkbox"/>	Federal Express Overnight (not same day service)	\$15
Total Amount		

**Payment Options**

Check or Money Order    Visa    MasterCard

Credit Card Number \_\_\_\_\_

Security Code \_\_\_ \_\_\_ \_\_\_   Expiration Date \_\_\_ \_\_\_ / \_\_\_ \_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_

**Office Use Only**

Date Received:

Time Received:

By:

Payment Processed: