

**WYOMING BOARD OF PROFESSIONAL GEOLOGISTS  
REQUEST FOR TRANSCRIPTS AND VERIFICATION OF DEGREES**

**TO THE APPLICANT:** Please fill out the following information pertaining to yourself and the institution you are requesting verification and transcripts from (please type or print):

**NAME AND ADDRESS OF INSTITUTION:** \_\_\_\_\_ **APPLICANT'S NAME AND ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
PO Box/Street Number

**TO THE REGISTRAR'S OFFICE:** I am submitting an application for licensing to the Wyoming Board of Professional Geologists. The following information will aid you in providing the Board with the information they have requested:

Date(s) of attendance: \_\_\_\_\_

Last date of enrollment (please include extension/correspondence courses; list year):  
Spring \_\_\_\_\_ Summer \_\_\_\_\_ Fall \_\_\_\_\_ Winter \_\_\_\_\_

Degree and year awarded: \_\_\_\_\_

Degree and year awarded: \_\_\_\_\_

Degree and year awarded: \_\_\_\_\_

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

Name(s) under which I attended your institution: \_\_\_\_\_

I, hereby, request that you confirm this information by completing this form and mailing it and an official copy of my transcripts to:

**WYOMING BOARD OF PROFESSIONAL GEOLOGISTS  
2020 Grand Ave., Ste. 505  
Laramie, WY 82070**

**TO BE COMPLETED BY DEGREE-GRANTING INSTITUTION ONLY**

This is to certify that \_\_\_\_\_ received his/her  Bachelors (Year \_\_\_\_\_ );

Name of Applicant

Masters (Year \_\_\_\_\_ );  PhD (Year \_\_\_\_\_ ) degree(s) from \_\_\_\_\_.

Department/College

SIGNATURE OF REGISTRAR: \_\_\_\_\_ DATE: \_\_\_\_\_