

**KANSAS CONTINUING LEGAL EDUCATION COMMISSION  
ONLINE TRANSCRIPT ENROLLMENT FORM**

<http://www.kscle.org>

The Kansas Continuing Legal Education Commission's website includes a feature enabling attorneys to track CLE credits online. Beginning with the 2001-2002 compliance period, the printed CLE transcript will be issued one time per year in March. We encourage all attorneys to sign up for this free service.

Due to Supreme Court Rules protecting the confidentiality of CLE records, attorneys will be required to provide the Commission with a password in order to have their records posted to the website. The lookup feature is based upon each attorney's unique Supreme Court identification number and a password or PIN number selected by the attorney and supplied to the Commission. These records are maintained on a secure web server.

To sign up for online access to your continuing legal education compliance record, please complete and submit the form below to the Kansas Continuing Legal Education Commission. **This form must be submitted via US Mail to have online access.**

Kansas Supreme Court Number: \_\_\_\_\_

Name (First Middle Last): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Day Phone: \_\_\_\_\_

**For Security Purposes:**

Please provide a password of your choice between four and 10 characters. Can be any combination of alphabetical or numeric characters. This information will remain confidential and not released to any party, including the attorney or the attorney's staff. **We recommend that the attorney keep a copy of this form in their permanent CLE file. Should the attorney forget the password supplied to the Commission, the attorney must submit a new enrollment form.** Please allow up to two weeks for adjustments.

Password: \_\_\_\_\_ *(Must be typed or printed legibly. Keep in mind this password is case-sensitive. Information will be entered EXACTLY as written.)*

By signing below I acknowledge that I authorize and direct the Kansas Continuing Legal Education Commission to honor all requests using my Login ID and passwords.

\_\_\_\_\_  
Attorney Signature

\_\_\_\_\_  
Date

**Return the form to: Kansas CLE Commission, 400 S Kansas Ave., Ste. 202, Topeka, KS 66603.**