



Official Transcript Request Form

Please use this form to request a copy of your official University Transcript.

Please print clearly in all fields below.

CURRENT OR FORMER STUDENTS Complete this form and sign below.			
<i>Your name as it appears on your UW record.</i>			
LAST	FIRST	MIDDLE INITIAL	JR., ETC.
PREVIOUS/FORMER NAME(S)			
STUDENT NUMBER (OPTIONAL)	DATE OF BIRTH	EMAIL ADDRESS	
APPROXIMATE DATES OF ATTENDANCE		DAYTIME PHONE	

MAILING INSTRUCTIONS	
<i>Please mail this request with a check or money order for \$11 per copy – payable to the University of Washington – to the address listed at the bottom of this form. DO NOT SEND CASH!</i>	
<i>Address/Addresses where you want your University of Washington transcript sent—For more than two (2) addresses attach an additional sheet.</i>	
<input type="checkbox"/> See additional sheet for more addresses	
ADDRESS 1	NUMBER OF TRANSCRIPTS: <input type="text"/>
<hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/>
ADDRESS 2	NUMBER OF TRANSCRIPTS: <input type="text"/>
<hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/>

AUTHORIZATION: This request will not be processed without a hand written signature.
Please note: electronic signatures are not accepted as authorization.

Student's Signature _____ Date _____

FOR OFFICE USE ONLY:	
Verified by	Date
Comments:	