

# Transcript Request Form

## Review the following information:

- Transcripts ordered using this form must be accompanied by check, money order or cash in the amount of \$10 per transcript.
- To pay by credit card, please use our online ordering system—[transcripts.wsu.edu](http://transcripts.wsu.edu).
- Verify that any potential changes to your academic record (change of grade, degree conferral, etc.) are complete before placing this order.
- A transcript request will not be processed if you have a transcript hold.
- Official transcripts are placed in a sealed envelope. If you open the envelope, the transcript will no longer be considered official.
- Transcripts to be mailed are sent via USPS.
- Transcripts ordered for pick-up will be available three business days after the request is received.
- Transcripts not picked up by the requestor or returned as undeliverable will be held for a maximum of 60 days.
- Transcript fees are not refundable.
- Electronic transcripts can be ordered online at [transcripts.wsu.edu](http://transcripts.wsu.edu).

## Complete, print, sign and mail this form to:

Registrar's Office  
Washington State University Vancouver  
14204 NE Salmon Creek Ave.  
Vancouver, WA 98686

Questions? For answers, call 360-546-9565 or 360-546-9553.

## Personal Information (PLEASE PRINT)

LAST NAME FIRST NAME MIDDLE

FORMER NAME(S) USED AT WSU

STREET ADDRESS (INCLUDE APARTMENT NUMBER)

CITY STATE ZIP

WSU STUDENT ID NUMBER (IF KNOWN) DATE OF BIRTH (MM/DD/YYYY) PHONE NUMBER

EMAIL ADDRESS

LAST ATTENDANCE AT WSU:  Fall  Spring  Summer YEAR SOCIAL SECURITY NUMBER (OPTIONAL\*)

*\*It is unlawful for WSU to deny to any individual any right, benefit or privilege provided by law because the individual refused to disclose their social security number except in very limited circumstances. WSU requests the voluntary disclosure of your social security number on this form. If provided, WSU will use your social security number only for verification of records.*

## Transcript Request

NUMBER OF COPIES (\$10 EACH): \_\_\_\_\_

DELIVERY OPTIONS (CHOOSE ONE):

I will pick up my transcript(s) at the WSU Vancouver Office of Student Affairs (**photo ID is required**)

Mail my transcript(s) to:\*

NAME

STREET ADDRESS

CITY STATE ZIP

\*Attach additional addresses on separate sheet.

## Student Authorization (TRANSCRIPTS WILL NOT BE RELEASED WITHOUT THE STUDENT'S SIGNATURE)

I hereby authorize the release of my Washington State University transcript.

STUDENT SIGNATURE (REQUIRED)

DATE