



Request for Transcripts

This form is provided as a courtesy. Please contact each institution to confirm transcript request procedures and fees.

Attention: Registrar or Transcript Office
RE: Official Transcript Request

Please send two copies of my official transcript to:

Education Program
University of Washington, Bothell
Box 358531
18115 Campus Way N.E.
Bothell, WA 98011

I am enclosing \$ _____ to cover the expense.

Thank you.

Print your name as it appeared on your official school record.

Last First M.I. Former Name (s)

Current Street Address City State Zip

Student Number of SSN Date of Birth Month/Year Enrolled Phone Number

Signature

Date