

TRANSCRIPT ORDER FORM

Print Name as it appears on your official University Record.			<input type="checkbox"/> Official Transcript (\$9.00 per copy) # of Transcript(s) Ordered: ____ <input type="checkbox"/> Unofficial Transcript (Free: Limit 1) Additional copies on MyUW
Name (Last)	(First)	(Middle)	
Former Name(s)	UW Student # or SSN	Date of Birth	
Daytime Phone Number ()	Email Address	Dates of Attendance at UWB: From: Qtr ____ Year ____ To: Qtr ____ Year ____	
Current Street Address			FOR OFFICE USE ONLY Processed by: Mail Date: Pick-Up Date:
(City)	(State)	(Zip)	

MAIL TRANSCRIPT TO:

Please use the back of this form to list additional addresses.

- Send transcript to: Address listed above Address at left
- Check the appropriate box below:**
- Mail Immediately
 - Hold for current grades then mail
 - Degree expected this quarter-hold until recorded
 - Hold for changes, (please specify): _____
 - Other: _____

X _____
Student Signature Required **Today's Date**

Submit request to: University of Washington Bothell, Attention: Transcript Request
 Campus Box 358500, 18115 Campus Way NE, Bothell, WA 98011-8246
Make checks payable to: *University of Washington Bothell*