

## TRANSCRIPT REQUEST FORM

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I hereby authorize \_\_\_\_\_  
(Name of school from which you are requesting transcripts)  
to release my transcripts to Washington State University.

### RECORD AS IT APPEARS IN SCHOOL FILES:

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Name: \_\_\_\_\_

Other name(s) used: \_\_\_\_\_ Date of birth: \_\_\_\_\_

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

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

Social Security: \_\_\_\_\_

### CURRENT CONTACT INFORMATION

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

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

Phone Numbers: Day: (\_\_\_\_\_) \_\_\_\_\_ Evening: (\_\_\_\_\_) \_\_\_\_\_

Are you presently enrolled?  Yes  No Date I last attended: \_\_\_\_\_

Please process this request:

Now  Upon Posting of Degrees  At The Conclusion of Current Semester / Quarter

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**PLEASE MAIL MY TRANSCRIPTS TO THE ADDRESS SHOWN BELOW:**

Washington State University Tri-Cities  
Admissions Office  
2710 University Drive  
Richland, WA 99354-1671