

**TRANSCRIPT REQUEST FORM**

Telephone requests will not be honored.

1502 East Lauridsen Boulevard, Port Angeles, Washington 98362

Last Name: _____

First Name _____ Middle Name: _____

Former Name: _____

Student ID or Social Security Number: _____

Phone Number: (____) _____

Last date attended: _____

Number of Copies to send to the following address or institution. Enclose \$2.00 per copy.

Mail to:

- Western Washington University
- Evergreen State University
- Central Washington University

- University of Washington
- Washington State University
- Eastern Washington University

When should your transcript(s) be processed and forwarded?

- At the end of the current quarter, when grades have been posted to transcripts.
- At the end of the current quarter, when degrees have been posted to transcripts.
- Please hold until corrections are posted
- Please leave at switchboard for pickup (Allow 2 days for processing).
- Send immediately.
- Other _____

Signature: _____

Mail this form to: 1502 E. Lauridsen Blvd., Port Angeles, WA 98362 with your payment
Or fax it to (360) 417-6581 with your credit card number, expiration date and zip code. To pay by phone call
(360) 452-9277 ext. 0 or toll free 1-877-452-9277.