

Washington State University Vancouver Transcript Request

Mail to: Office of Student Services
Washington State University Vancouver
14204 NE Salmon Creek Ave
Vancouver, WA 98686

Fax to: (360) 546-9032
Questions: (360) 546-9565 or (360) 546-9553

All transcripts are mailed in a sealed envelope. If you open the envelope, the transcript will no longer be considered official.

- A transcript request will **NOT** be processed if you have a debt or an Admissions hold at WSU.
- If you know of possible changes being made to your academic record, please verify the corrections are completed prior to placing this order.
- A check or money order *payable to WSU* must be included if you are not using a VISA or MasterCard for payment:
 - \$5.00 for regular service. Sent out **First Class US Mail** or available for pick up within 4 business days after your request is received.
 - \$10.00 emergency service. Sent out **First Class US Mail** or available for pick up after 3 pm the next business day after your request is received.
- This request can be faxed to the number above **ONLY** if you include all required VISA or MasterCard information in the spaces provided.

Personal Information (please print clearly)

Last name _____	First name _____	Middle name _____	Former name(s) _____
Address: Street (include apartment #) _____		City _____	State _____ Zip _____
WSU student ID # (if known) _____	Date of birth (MM/DD/YYYY) _____	* Social Security # _____	(____) _____ Daytime telephone number
Last attendance at WSU: 19____ or 20____ <input type="checkbox"/> Fall semester <input type="checkbox"/> Spring semester <input type="checkbox"/> Summer session			

Transcript Request information

_____ copies @ \$5.00 _____ copies @ \$10.00
(available in 4 business days) (available for pick up next business day after 3:00 pm)

(Be certain the amount of your check covers the number of transcripts you order.)

Check one box only.

- Process now
- Process after my degree is posted. Degree date: ____/____/____
- Process after my grades are posted for _____ semester (Spring, Summer, or Fall)

Transcript Delivery Information

- I will pick up my transcript at the WSU Vancouver Office of Student Services (**photo ID is required**)
- Mail my transcript(s) to: _____
(When ordering more than 1 transcript, attach _____
a separate sheet with mailing addresses.) _____

Credit Card Billing Authorization (required only if mailing or faxing this request)

VISA or MASTERCARD # _____ Exp. Date _____

Print name as it appears on credit card _____ **REQUIRED:** Authorized signature for credit card _____ (____) _____
Day phone number

Billing address for credit card: _____

Student Authorization (Transcripts will not be released without the student's signature.)

I hereby authorize the release of my WSU transcript _____
Student's signature

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