

Request for Transcript of Academic Record

Washburn University
(785) 670-1074
registrar@washburn.edu

Print this form, complete information, provide payment, and return to Washburn University at the address below. Transcripts will not be processed for students with financial or other unmet obligations to the University.

Personal Information:

_____ Name (Please Print)			_____ Any other name(s) on record		
_____ Street Address			_____ Social Security Number / Student I.D. Number		
_____ City	_____ State	_____ Zip Code	_____ Date of Birth		
() _____ Daytime Phone	() _____ Cell Phone		_____ e-mail		
Are you currently enrolled at Washburn? Yes No			If no, provide the last year you attended _____		

Check the statement that applies:

- Send transcript(s) now, do not hold
- Hold for grades: (circle) Fall, Spring, Summer: 1st 5 wk 2nd 5 wk 8 wk
- Hold for degree statement : Note Degree _____

Mailing Information:

_____ Attention	_____ Attention	_____ Attention
_____ Institution/Business	_____ Institution/Business	_____ Institution/Business
_____ Street Address	_____ Street Address	_____ Street Address
_____ City State Zip Code	_____ City State Zip Code	_____ City State Zip Code

Please Issue (#) _____ copies. Please Issue (#) _____ copies. Please Issue (#) _____ copies.

Payment Information:

Each transcript is **\$ 8.00** Total transcripts requested _____ x \$8.00 = _____ Total due.

Payment by: Check (check #) _____ MC Visa Disc : # _____

Expiration date _____ Security code _____

Student Signature _____ **Date:** _____

- All transcript requests are processed in the order in which they are received regardless of the method by which they are requested.

To request by mail: Please mail this form and payment to: Washburn University
Office of the University Registrar
1700 SW College Ave
Topeka, KS 66621