

# Request for Transcript of Academic Record

Washburn University

Please Print All Sections Clearly

Print this form, complete information, provide payment, and return to Washburn University at the address or fax number listed below. Faxed requests must include credit card information for payment. 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

( ) ( )

Home Phone

Work Phone

Are you currently enrolled at Washburn? Yes No

e-mail

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

Hold for other

## • Mailing Information:

Mail or  Fax my transcript(s) to:

Mail or  Fax my transcript(s) to:

Mail or  Fax my transcript(s) to:

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

Fax # ( )

Fax # ( )

Fax # ( )

Please Issue(#) copies.

Please Issue(#) copies.

Please Issue(#) copies.

## • Payment Information:

Each transcript is \$ 3.00 Total transcripts requested x \$3.00 = Total due.

Payment by:  Check (check #)  MasterCard  Visa  Novus/Discover : # exp.

Student Signature Date:

- Faxed transcripts may not be considered to be official documents by the receiving institution. You are responsible for knowing the policy of the receiving institution before sending a faxed transcript.
- Faxes will not be sent outside of the United States.
- 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 S.W. College Ave  
Topeka, KS. 66621

To request by fax:

Please fax this form to (785) 670-1104

Note: Faxed requests must be paid by credit card