

WSU Unofficial Transcript Request

Please allow 5 business days to process your request.

Personal Information (PLEASE PRINT OR TYPE):

Last Name:

First Name:

Middle Name:

Former Name (Name while attending WSU) _____

WSU ID # (Optional): _____

Social Security Number (Optional)*: ____ / ____ / ____

Date of Birth (mm/dd/yyyy): ____ / ____ / ____

REGISTRAR USE ONLY

Delivery method:

(Check all that apply.)

_____ Pick Up (photo ID required)

_____ Email Unofficial Transcript to:

_____ Fax Unofficial Transcript to:

FAX #: _____

ATTN: _____

Contact Information:

Please provide information that will allow us to contact you during business hours.

Tel: _____

Email: _____

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

I hereby authorize the release of my WSU transcript.

Student's signature (required)

Date

Tri-Cities: ATTN: WSU Tri-Cities, Office of the Registrar, 2710 Crimson Way, Richland, WA 99354-1671
Phone: (509)372-7351 Fax: (509)372-7100 Email: registrar@tricity.wsu.edu

*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/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.