

WSU Transcript Request

Mail To: Washington State University
Office of the Registrar
2710 Crimson Way
Richland, WA 99354-1671

To pay by credit card and for FEDEX delivery, please use the online transcript ordering system at www.transcripts.wsu.edu.

Questions: tricitie.registrar@wsu.edu, (509) 372-7351

- Transcripts ordered using this form will be mailed or ready for pick-up within 5 business days from receipt of the request. Allow additional days for United States Postal Service (USPS) processing.
- Transcripts ordered using this form must be accompanied by check, money order or cash in the amount of \$10.00 per transcript.
- If you know changes will be made to your academic record (posting of grades, change of grade, degree posted, etc.) please verify the updates have been completed prior ordering your transcript. Transcript requests will not be held for completion of updates to your academic record.
- A transcript request will not be processed if you have a WSU transcript hold.
- Official transcripts are placed in a sealed envelope. If you open the envelope, the transcript is no longer considered official. Transcripts not picked up by the requestor or returned as undeliverable will be held for a maximum of 60 days. Transcript fees will not be refunded.

Personal Information (Enter information below, then PRINT, SIGN, and SEND)

Last Name First Name Middle name Former name(s)
(Name while attending WSU)

Address: Street (include apartment #)

City State Zip

WSU ID # (if known) / / / / ()
Social Security # (optional)* Date of birth (mm/dd/yyyy) Daytime phone

Email

Last attendance at WSU: 19__ or 20__ Fall semester __ Spring semester __ Summer session

Transcript Request Service:

____ # of copies at \$10.00 each

REGISTRAR USE ONLY

Transcript Delivery Information (Check one box only):

____ I will pick up my transcript at the Tri-Cities Registrar's Office (Floyd 269). **PHOTO ID REQUIRED.**

____ Mail my transcript(s) to: (Attach additional addresses separate sheet)

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

*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.