

WSU Spokane Transcript Request

- **A transcript request will NOT be processed if you have a WSU Transcript Hold**
- If you know of possible changes being made to your academic record, please verify that corrections have been made prior to placing the order.
- A check or money order must be included if you are not using a VISA or MC for payment.
- **\$10.00 per transcript.** Transcripts ordered using this form will be mailed or ready for pick-up within **5 business days.** Allow additional days for USPS processing.

MAIL TO:
 Washington State University
 Spokane
 Student Affairs Office, SAC 130
 P.O. Box 1495
 Spokane, WA 99210

FAX TO: 509-358-7538
QUESTIONS? Call or email us!

509-358-7978
 Spok.sa@wsu.edu

This request can be faxed to the number listed above ONLY if you include all required credit card information in the spaces provided.

Personal Information (Complete all fields and SIGN the form)

Last Name		First Name		Middle Name		Former Name (Name while attending WSU)	
Street Address		Apt#	City	State	Zip Code	Email Address	
WSU ID# (if known)		OR	Social Security	Date of Birth (mm/dd/yyyy)		Daytime or Business Phone #	
Last attendance at WSU: 19 _____		OR	20 _____	Fall Semester	_____	Spring Semester	_____
						Summer Session	_____

Transcript Order Details: Full payment is due at time of form submission (indicate how many official copies you are requesting)

- _____ # Process **immediately**
- _____ # **HOLD** for Current Semester Grades
- _____ # **HOLD** for Degree Entry *Degree date (mm/yy ____/____)*
- _____ # Total number of transcripts X \$10 ea. = \$_____ Total Amount Due

Cashier's Paid Stamp

Trans Code: SSSTRAN

Transcript Delivery Information

- I will pick up my transcript once notified, at the WSU Spokane Student Affairs Office (SAC 130) **PHOTO I.D. REQUIRED**
- Mail my transcripts to: _____
 (Print Clearly) _____
 Attach additional addresses _____
 on a separate page _____

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

I hereby authorize the release of my WSU transcripts _____

Required Student's Signature

Credit Card Billing Authorization: (VISA or MasterCard) ALL FIELDS MUST BE COMPLETED **OR** **ONLY**

Card# _____ - _____ - _____ - _____ Exp mm/yy ____/____

Name as it appears on credit card	Credit Card Authorization Signature	Daytime Phone #
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*It is unlawful for WSU to deny 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 request the voluntary disclosure of your Social Security number on this form. If provided, WSU will use your Social Security number for verification of records.