

# 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.)

\_\_\_\_\_ Email Unofficial Transcript to:

\_\_\_\_\_ Fax Unofficial Transcript to:

\_\_\_\_\_

( ) \_\_\_\_\_

ATTN: \_\_\_\_\_

## Contact Information:

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

Tel: \_\_\_\_\_

Email: \_\_\_\_\_

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

I hereby authorize the release of my WSU transcript.

\_\_\_\_\_  
Student's signature required

\_\_\_\_\_  
Date

**Spokane:** ATTN: WSU Office of the Registrar, PO Box 1495, Spokane, WA 99210  
Phone: (509)358-7978 Fax: (509)358-7538 Email: spok.sa@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.