

Washington Student Achievement Council/Degree Authorization

P.O. Box 43430 · Olympia, WA 98504-3430

Phone: 360-485-1080 · Fax: 855-265-0066

TRANSCRIPT REQUEST FORM

Student Information:

Name: _____
(if your name has changed since attending the school, please provide the name used during your attendance)

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ E-Mail: _____

Last four digits of your social security number or Student ID # (if known): _____
(required in order to verify your identity)

School Information:

Name of the school you attended: _____

Dates of Attendance: _____

Number of Transcripts requested: _____

Where the transcript(s) need to be sent:

(please note we are unable to fax or email transcript copies, they must be mailed to the recipient)

Contact Name/Department: _____

School/Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Signature/Certification:

By signing below, I certify that the records I am requesting are my own. Further, I authorize the release of my records to the school/organization identified above.

Requestor's Signature _____ Date _____

(YOU MUST SIGN THIS REQUEST OR IT CANNOT BE PROCESSED)

The Washington Student Achievement Council can only accept **signed**, written requests submitted either via mail to the address noted above, as an email attachment to DegreeAuthorization@wsac.wa.gov, or via fax to 855-265-0066.

NOTE: Electronic signatures are not acceptable.

Please allow a minimum of two weeks for the processing of your request.