

# Transcript Order Form

Print name as it appears on your official University record.

- OFFICIAL TRANSCRIPT** \$9 each
- SAME DAY TURNAROUND** \$15 additional fee

Today's date	Number of copies requested
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Mail request with payment to: <b>University of Washington Tacoma</b> <b>Attn: Transcript Request</b> <b>Campus Box 358433</b> <b>1900 Commerce Street</b> <b>Tacoma, WA 98402-3100</b>  or drop off at the Cashier's Office in Mattress Factory 354N.  <b>**Cash or check only.**</b>	Name (Last) _____ (First) _____ (Middle) _____		
	Former name(s)	UW Student # or Soc. Sec. #	Date of Birth
	Current street address		
	City _____ State _____		ZIP _____
	Daytime phone (     )	Program _____	Dates of attendance at UW Tacoma: From: Qtr. _____ Year _____ To: Qtr. _____ Year _____

<b>FOR OFFICE USE ONLY</b> <input type="checkbox"/> ID confirmed Processed by _____ Amount paid _____  Initials _____
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<b>MAIL TRANSCRIPT TO:</b> <i>If transcripts are to be sent to more than one address, use additional forms.</i>
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- I will pick it up** (in Enrollment Services GWP 102; photo ID required)
  - Mail immediately** (to address at left)
  - Hold** for current quarter grades then mail.
  - Hold** for changes then mail (please specify):  
\_\_\_\_\_
  - Degree/certificate expected**; hold until posted then mail.
- X**  
\_\_\_\_\_  
Student signature (required)

— Please allow 3-5 business days to process your order. —