

# Washington State University Spokane Transcript Request

Mail to: Office of Student Affairs  
Washington State University Spokane  
PO Box 1495  
Spokane, WA 99210-1495

Fax to: (509) 358-7538  
Questions: (509) 358-7978

**All transcripts are mailed in a sealed envelope. If you open the envelope, the transcript will no longer be considered official.**

- A transcript request will **NOT** be processed if you have a debt at WSU.
- If you know of possible changes being made to your academic record, please verify the corrections have been made prior to placing this order.
- A check or money order must be included if you are not using a VISA or MasterCard for payment:
  - \$5.00 for regular service. Transcript will be mailed regular US First Class mail within 2 business days after your request is received.
  - \$10.00 emergency service. Transcript will be mailed via US First Class mail the next business day after your request is received.
- This request can be faxed to the number above **ONLY** if you include all required VISA or MasterCard information in the spaces provided.

## Personal Information (please print clearly)

Last name	First name	Middle name	Former name(s)
Address: Street (Include apartment #)		City	State/Zip
WSU Student ID#	*Social Security #	Date of birth / /	Home telephone ( )
Last attendance at WSU: 19____ or 20____ <input type="checkbox"/> Fall semester <input type="checkbox"/> Spring semester <input type="checkbox"/> Summer session			

## Transcript Request Information

\_\_\_\_\_ copies @ \$5.00                  \_\_\_\_\_ copies @ \$10.00  
(available in 2 business days)          (available next business day after 3:00 pm)

(Be certain the amount of your check covers the number of transcripts you order.)

Check one box only.

- Process now
- Process after my degree is posted. Degree date: \_\_\_\_/\_\_\_\_/\_\_\_\_
- Process after my grades are posted for \_\_\_\_\_ semester (Spring, Summer, or Fall)

## Transcript Delivery Information

- I will pick up my transcript at the WSU Spokane Office of Student Affairs, 130 Academic Center Bldg. (a photo ID is required)
- Mail my transcript(s) to: \_\_\_\_\_

(When ordering more than 1 transcript, attach a separate sheet with mailing addresses.) \_\_\_\_\_

## Credit Card Billing Authorization (required only if mailing or faxing this request)

VISA or MasterCard # \_\_\_\_\_ CVV \_\_\_\_ Exp. Date \_\_\_\_\_  
\_\_\_\_\_  
Print name as it appears on credit card    REQUIRED: Authorized signature for credit card    \_\_\_\_\_  
Day phone number \_\_\_\_\_  
Billing address for credit card: \_\_\_\_\_

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

I hereby authorize the release of my WSU transcript. \_\_\_\_\_  
Student's signature

\*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 or her social security number except in very limited circumstances. WSU requests the voluntary disclosure of your social security number on this form. If provided, WSU will use your social security number for verification of records.