

W UNIVERSITY of WASHINGTON | TACOMA

Transcript Order Form

Please allow 3-5 days to process your order. Same-day orders are available for an extra fee and are offered in-person only.

		Today's date	
<i>Print name as it appears on your official University record.</i>			
LAST NAME		FIRST	MIDDLE
FORMER LAST NAME		FIRST	MIDDLE
UW STUDENT #, OR SOCIAL SECURITY #	DATE OF BIRTH	UW EMAIL (PREFERRED)	
CURRENT MAILING ADDRESS			
CITY	STATE	ZIP	CONTACT PHONE
ACADEMIC MAJOR	<input type="checkbox"/> UNDECLARED	DATES OF ATTENDANCE AT UW FROM: <input type="checkbox"/> AUT <input type="checkbox"/> WIN <input type="checkbox"/> SPR <input type="checkbox"/> SUM YR _____ TACOMA TO: <input type="checkbox"/> AUT <input type="checkbox"/> WIN <input type="checkbox"/> SPR <input type="checkbox"/> SUM YR _____	

MAIL TRANSCRIPT TO: (PLEASE PRINT)
If transcripts are to be sent to more than one address, use additional forms.

OFFICIAL TRANSCRIPT (3-5 DAY TURNAROUND)

Number of Copies Requested: _____

\$11.00 X _____ = \$ _____

Number of
Copies
requested

SAME DAY TURNAROUND (IN-PERSON ONLY)

Number of Copies Requested: _____

\$11.00 X _____ = \$ _____ + \$ 15.00 = \$ _____

Number of
Copies
requested

METHODS OF PAYMENT:

- Charge Student Account: **CURRENT STUDENTS ONLY**
- Cash: **IN PERSON ONLY** at Cashier's Office (*Do NOT mail cash*)
- Visa or MasterCard: **ONLINE ONLY** (*myuw.washington.edu*)
- Check: **IN PERSON OR BY MAIL** (*payable to "UW Tacoma"*)

MAIL REQUEST WITH PAYMENT TO:

University of Washington Tacoma
Attn: Transcript Request
Campus Box 358433
1900 Commerce Street
Tacoma, WA 98402-3100

IN-PERSON at the Cashier's Office in Carlton 400.

- I will pick up in MAT 253** (photo ID required)
- Mail immediately** to address at left.
- Hold for current quarter grades**, then mail.
- Hold for changes**, then mail.
- Degree/certificate expected.** Hold until posted, then mail.
- Same-day turnaround:** In-person only
 - Current student:* Charge to account
 - Former student:* Complete form and make payment at Cashier's Office (CAR 400), then take form for transcript processing to the Registrar's Office (MAT 253).

X _____
Student signature (required)

For pick-up orders, if you have not picked up your order after 30 days, your transcript will be mailed to the address listed above.

FOR OFFICE USE ONLY Amount Paid \$ _____

Processed by _____ Date _____ ID CONFIRMED

