

**Washburn Tech**  
**5724 SW Huntoon**  
**Topeka, Ks 66604-2199**  
**Student Services: 785-228-6325**  
**Fax: 785-273-7080**

## Transcript Request Form

Please allow two (2) business days to process all transcript requests.

Date \_\_\_\_\_

Student Name \_\_\_\_\_  
(Please Print)      First      Middle      Last

Street Address \_\_\_\_\_

(Any other names used while attending Washburn Tech) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_

( ) \_\_\_\_\_ - \_\_\_\_\_ ( ) \_\_\_\_\_ - \_\_\_\_\_  
Home Phone      Other Phone (Work/Cell)

Last 4 digits of Social Security Number \_\_\_\_\_

Washburn Tech Class/Program \_\_\_\_\_ When did you attend? \_\_\_\_\_

I am requesting (how many): \_\_\_\_\_ Official Copy (and/or) \_\_\_\_\_ Unofficial Copy  
(Note: official copies must be mailed by Washburn Tech directly to the institution.)

I am requesting my transcript be sent to:

Person/Institution \_\_\_\_\_

Person/Institution \_\_\_\_\_

Street Address \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Fax Number (If applicable) \_\_\_\_\_

Fax Number (If applicable) \_\_\_\_\_

I plan to Pick-up my transcript in person. (You will be contacted by the phone number(s) above when it is ready.)

**There is a \$5.00 processing fee for transcript requests. Transcript requests will be processed within two (2) business days, after payment is received.**

- Please note that by your signature below, you are authorizing us to provide the person or institution named above with your school transcript, which will include personally identifiable information. (Including but not limited to, your date of birth, and/or social security number.)
- Faxed copies of transcripts are generally not considered an official copy, please check first with the receiving institution to determine their policy.
- Payments may be made with cash or check or by Visa or Mastercard over the phone (there is an additional 3.5% fee for credit card payments.)

Signature \_\_\_\_\_

**Office Use Only**

Date Received: \_\_\_\_\_

Payment Received: \_\_\_\_\_

Student ID #: \_\_\_\_\_

Date Processed: \_\_\_\_\_

Processed By: \_\_\_\_\_