**Workforce Training and Education Coordinating Board**

PO Box 43105 ∙ Olympia ∙ WA 98504-3105

Phone: 360-709-4600 ∙ Fax: 360-586-5862

E-mail: workforce@wtb.wa.gov

Attn: Transcripts

**Washington State Transcript Request Form**

**Number of Transcripts Requested – from Washington State schools ONLY (Check all that apply):**

**1 official\* & 1 unofficial to student Other (Please specify):**

**1 official to school/organization**

**\***Official means transcript will be sealed in an envelope and stamped. Do not open the official copy – it is not official unless sealed. The unofficial copy you receive is identical to the official, sealed copy.

**Student Information:**

Name:

Name used during school attendance (if different from above):

Current Address:

City: State: Zip:

Telephone: Email:

Date of birth: Last four digits of your SSN:

 (Required to verify your identity)

**Washington State Closed School Information:**

Name of the Washington school: Graduated?

Campus location: Program: Date Attended (mm/yy):

**School/Organization where transcript needs to be sent:**

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.**

Student’s Signature Date

**(Electronic Signatures are Accepted)**

The Workforce Board can only accept signed requests submitted via e-mail, mail, or fax to the above address/fax number. Although we make every effort to retrieve student records of closed schools, some records were never sent to this agency, and some are incomplete. You will be provided with copies of what we have on file for you. Your request will be processed within 10 business days (excluding weekends and holidays) of our receipt. If you do not receive any communication within 10 business days, please contact us.