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 to school/organizat	<u> </u>	ease specify):
*Official means transcript will be sealed in an envelor receive is identical to the official, sealed copy.	pe and stamped. Do not open the offi	icial copy – it is not official unless sealed. The unofficial copy you
Student Information:		
Name:		
Name used during school attendance	(if different from above):	
Current Address:		
City:	State:	Zip:
Telephone: Emai	l:	
Date of birth:	Last four digits of your SSN:	
Washington State Closed School Inf	(Required to verify ormation:	y your identity)
-		Graduated?
Campus location:	Program:	Date Attended (mm/yy):
School/Organization where transcri	pt needs to be sent:	
Contact Name/Department:		
School/Organization:		
Address:		<u> </u>
City:	State:	Zip:
Signature/Certification: By signing below, I certify that the remy records to the school/organizati		e my own. Further, I authorize the release of
Student's Signature		Date

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.