



**TRANSCRIPT REQUEST FORM**

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**STUDENT INFORMATION:**

Full Name at time of Graduation: \_\_\_\_\_

Full Name at time of Request: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

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

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

**PLEASE SEND A COPY OF MY TRANSCRIPT TO THE FOLLOWING:**

Attention: \_\_\_\_\_

Name of College or Employer: \_\_\_\_\_

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

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

I give permission for Washington School for the Deaf to mail my records to the above address.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please allow 3 to 5 working days for request to be processed.

**611 GRAND BLVD • VANCOUVER, WA 98661**  
P. 360-696-6525 • VP. 360-334-5618 • WSD.WA.GOV