

TRANSCRIPT REQUEST FORM

I understand and acknowledge that the Robinson Center will print a copy of my transcript and send it to the school listed below. Please use a separate form for each requested transcript.

Student's Name: _____

Enrolled Program/Class: _____

Year Enrolled: _____

I hereby authorize the Robinson Center for Young Scholars, University of Washington, to send the transcript for the above enrolled class to the following school:

Name (Attn to): _____

School: _____

Address: _____

City, State, Zip: _____

We cannot process this request without your signature. A written request must be received from the student allowing release of a transcript. Please note we are unable to accept telephone requests.

Signature: _____

Relationship to student: _____

Date: _____

NOTE: Please allow 5 business days for this request to be completed. Each requested transcript costs \$9.00. Please make your check out to: University of Washington.

Mailing address:
Robinson Center for Young Scholars
University of Washington
Box 351630
Seattle, WA 98195