

TRANSCRIPT REQUEST

Students should send a "Transcript Request" form to all institutions previously attended. The transcript will then be forwarded to City University of Seattle by the other institution. The forms below may be photocopied for all additional forms.

TRANSCRIPT REQUEST

Number of Copies Requested			Date
Birthdate		Social Security No.	
Last Name	First	Middle	
Present Mailing Address			Street
City	State	Zip	
Maiden Name	Home Phone	Business Phone	
Send Transcript To: CITY UNIVERSITY OF SEATTLE - REGISTRAR 521 WALL ST., SUITE 100 SEATTLE, WA 98121			

Date Transcript Needed _____

Last Quarter Attended _____

Year _____

Degree Earned _____

Check Appropriate Box:

- Send Immediately
- Send Only After Current Grades Posted
- Send Only After Degree Posted
- Hold Until Grade Change Posted
- Hold Until Credit By Exam Posted

X _____

Student Signature

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