



Washburn Institute of Technology
 5724 SW Huntoon
 Topeka, KS 66604-2199
 Student Services: 785.228.6325

High School Transcript Request Form

Date _____

Student Name _____
 (Please Print) First Middle Last

Street Address _____ High School _____

City _____ State _____ Zip Code _____ Date of Birth _____

() _____ - _____ () _____ - _____
 Home Phone Other Phone (Work/Cell) Social Security Number

I am requesting 1 (one) Official copy of my high school transcript be sent to Washburn Institute of Technology.

Note: official copies must be hand carried by an authorized Washburn Tech employee or delivered to Washburn Tech directly from the institution named above either by mail or through the electronic transcript mailbox (Parchment).

Please note that by your signature below, you are authorizing your high school to provide an official copy of your academic record to Washburn Institute of Technology, which will include personally identifiable information, including, but not limited to, date of birth and/or social security number.

 Signature

It is the policy of Washburn Institute of Technology to assure equal educational and employment opportunity to qualified individuals without regard to race, color, sex, religion, age, national origin, ancestry, disability, marital or parental status or sexual orientation/gender identity, or other factors prohibited by law. Direct questions or concerns to Pam Foster, Equal Opportunity Director, care of Washburn University, Morgan Hall Room 208A, 1700 SW College Ave, Topeka, KS 66621, 785.670.1509, pam.foster@washburn.edu .

<p><u>Office Use Only</u> Date Received: _____ Student ID #: _____ Date Processed: _____ Processed By: _____</p>
