



Washburn Institute of Technology
 (formerly Kaw Area Technical School)
 5724 SW Huntoon Street
 Topeka, KS 66604-2199
 Student Services: 785-670-3350
 Fax: 785-273-7080

Transcript Request Form

Please allow at least 2 business days for processing except during peak processing times, such as at the beginning or end of a semester, at which time 7-10 business days will be needed.

Student Name _____
 (Please Print Neatly) First Middle Last

Street Address _____ (Any other names used while attending Washburn Tech/KATS) _____

City _____ State _____ Zip Code _____ Date of Birth _____

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Home Phone _____ Other Phone (Work/Cell) _____ WIN# OR Social Security Number _____

Program at Washburn Tech/KATS? : _____ What year(s) did you attend? _____

I am requesting (how many): _____ Official Copy (and/or) _____ Unofficial Copy
 (Note: Official copies must generally be mailed by Washburn Tech directly to the institution/entity/person named below to be considered an Official transcript.)

I am requesting my transcript be sent to:

Person/Institution _____

Person/Institution _____

Street Address _____

Street Address _____

City _____ State _____ Zip Code _____

City _____ State _____ Zip Code _____

Fax Number (If applicable) _____

Fax Number (If applicable) _____

I plan to Pick-up my transcript in person. (You will be contacted by the phone number(s) above when it is ready.)

There is a \$5.00 processing fee for transcript requests.

- Please note that by your signature below, you are authorizing us to provide the person or institution named above with your school transcript, which will include personally identifiable information. (Including but not limited to date of birth and/or social security number.)
- All financial obligations must be met before transcripts are released.
- Faxed copies of transcripts are generally not considered official. Please check first with the receiving institution to determine their policy.
- Payment may be made by cash, check, money order, or credit card (Visa, Mastercard or Discover) by mail or phone.

 Signature

 Date

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