

TRANSCRIPT RELEASE FORM

This form is provided to assist you in obtaining an official transcript from all United States colleges and universities you attended before your application to University College at Washington University. Please complete and mail one completed form **with your University College application** for each U.S. college/university you attended prior to applying to University College. University College will send the request(s) for your official transcript(s) on your behalf.

We must have this original, signed form to request your transcript.

Today's date: _____

I do hereby authorize the Registrar of:

Name of U.S. college or university you attended

Address

City State Zip

to release a certified copy of my college transcript to:

University College
Washington University in St. Louis, Campus Box 1085
One Brookings Drive - January Hall, Room 20
St. Louis, MO 63130-4899
ATTN: Pat Agnew
Phone: 314.935-6802 | Email: paagnew@wustl.edu

Your signature: _____

Please Print or Type:

Last or Family Name First Name Middle/Maiden Name

Email:

Cell or Evening telephone: Date of birth:

Address

City State Zip

Student ID/SSN at this college/university or program:

Dates you attended this college/university or program:

PLEASE MAIL THE COMPLETED, SIGNED TRANSCRIPT RELEASE FORM TO UNIVERSITY COLLEGE
Emails and Fax copies are not acceptable.