



Washington University in St. Louis

UNIVERSITY COLLEGE IN ARTS & SCIENCES

TRANSCRIPT RELEASE FORM

This form is provided to assist you in obtaining an official transcript from all the 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

Street Address

City, State, Zip Code

to release a certified copy of my college transcript to the:

University College
Washington University in St. Louis, Campus Box 1085
11 North Jackson Rd., Ste. 1000
St. Louis, MO 63105-2153
Phone: (314) 935-6802 Email: paagnew@wustl.edu

Your Signature: _____

Last or Family Name First Name Middle/Maiden Name

Address

City State Zip Code

Cell or Evening Phone (_____) _____ - _____ Date of Birth: _____

Student ID/SSN at this College/University or Program: _____

Dates that you attended this College or University: _____

PLEASE MAIL THE COMPLETED, SIGNED TRANSCRIPT RELEASE FORM TO UNIVERSITY COLLEGE
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