

UNIVERSITY COLLEGE



Washington University in St. Louis

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.

I do hereby authorize the Registrar of:

College / University Attended

Address

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

DATE

LAST OR FAMILY NAME	FIRST NAME	MIDDLE / MAIDEN NAME
ADDRESS	CITY, STATE, & ZIP	
	CELL / EVENING PHONE	DATE OF BIRTH
STUDENT ID / SSN, at the above College or University	DATES ATTENDED	EMAIL

Please mail the completed, signed transcript release form to University College
Emails and Fax copies are not acceptable.