WASHINGTON COLLEGE OFFICIAL TRANSCRIPT REQUEST

To request a copy of your Washington College transcript, complete ALL sections of this form and deliver, mail, or fax, to the Office of the Registrar. Electronic requests will be accepted ONLY if received through your Washington College email account. ALL requests, if made in person, by mail, or fax, must be IN WRITING and SIGNED by the student. Washington College DOES NOT accept telephone or third party requests for transcripts. Students who attended/graduated prior to 1995 and all RTC students are required to pay $5.00 for each transcript. Please include payment with your request.

Address: Office of the Registrar
Washington College
300 Washington Avenue
Chestertown, Maryland 21620
Fax: 410-810-7159

Electronic Address: psmith2@washcoll.edu

_____ _____
Student's Name (Please print) Date of Birth

_____ _____
Student's Signature Social Security or Student I.D. Number

_____ _____
Name when you were a student (if applicable) Daytime telephone number

Type of Transcript you are requesting: Undergraduate ___ Graduate ___ RTC ___

Are you currently enrolled at Washington College? Yes ___ No ___

If "No" when did you graduate or last attend Washington College: _____

PLEASE NOTE: If you are requesting a transcript near the end of the semester and would like the transcript held until final semester grades are posted, please indicate. The transcript request will be processed as soon as the grades have been posted.

Hold transcript until final semester grades are posted: Yes ___ No ___

Mail Transcript To: _____

_____

_____

Number of transcripts to this address: _____

Hold transcript at Registrar's Office to be picked up in person _____

(You may attach additional addresses on another piece of paper. Include the number of transcripts for each address. Please include your name on the attachments.)

REASON FOR REQUEST:

_____ Employment _____ Graduate School _____ Study Abroad
_____ Scholarship _____ Transferring _____ Other