

**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. ALL requests, whether made in person, by mail, or fax, must be IN WRITING and SIGNED by the student. Washington College DOES NOT accept telephone, electronic mail, 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

Student's Name (Please print)

Date of Birth

Student's Signature

Social Security Number 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? _____

Mail Transcript To:

Number of transcripts requested to this address: _____

(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.)