



TRANSCRIPT REQUEST FORM (alumni)

In order to release a student transcript, it is University Prep policy to have appropriate permission on file. Please complete this form, and return it to our registrar by drop-off, postal mail or fax 206.525.9659.

Student _____ Home Phone _____

Addr _____ City _____ State _____ Zip _____

DOB _____ High School Graduation Year _____

I hereby give permission for my transcript to be released.

_____ Date _____ Phone _____

Student signature

Requesting: Quantity _____ Official Transcript(s) – signed & sealed envelope

 Quantity _____ Unofficial Transcript(s) – unsigned & unsealed envelope

Transcript(s) should be released in the following manner (check one):

____ Held in University Prep’s main office for pick-up

____ Mailed to home address above, or fax: Attn _____ Fax # _____

____ Mailed to school address below, or fax: Attn _____ Fax # _____

Institution 1: _____

Institution 2: _____

