



UNIVERSITY of WESTERN STATES  
*Integrating Health and Science*

**Transcript Request Form**

*Please note that transcripts typically require 2-3 business days to process.  
 Please indicate if agency deadlines apply to your request in the "date needed by" field below.  
 Every attempt will be made to accommodate requests filed in a timely manner.*

**Required fields are \*asterisked:**

\*Full Name: \_\_\_\_\_  
Last First MI

\*Former Name(s) (if applicable): \_\_\_\_\_ Student ID: \_\_\_\_\_

\*Address: \_\_\_\_\_  
Address City State Zip

\*Phone Number: \_\_\_\_\_ \*Date of Birth: \_\_\_\_\_

\*Email: \_\_\_\_\_

**\*Mail Transcript to (transcripts cannot be faxed or e-mailed):**

Name/Company: \_\_\_\_\_ Name/Company: \_\_\_\_\_

Attn: \_\_\_\_\_ Attn: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

*(if more than 2 addresses, please complete an additional form)*

**\*REQUEST FOR:**

- \_\_\_\_ Copy of Diploma (FREE)
- \_\_\_\_ Official Transcript (\$5.00 PER COPY - If more than one program, cost includes transcripts for all programs)
  - BS  DC  MS  Certificate  General Undergraduate classes  Other
- \_\_\_\_ Unofficial Transcript (FOR CURRENTLY ENROLLED STUDENTS ONLY)

**\*ENROLLMENT STATUS:**

- Currently Enrolled
- Last Enrolled: \_\_\_\_\_ OR Graduation Date: \_\_\_\_\_ NEEDED BY: \_\_\_\_\_  
Month / Year Month / Year (date)

SPECIAL INSTRUCTIONS:  HOLD FOR RECORDING OF DEGREE  HOLD FOR CURRENT GRADES

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Actual signature required, electronic not accepted

**\*I AM PAYING BY:**

Check  Money Order  Visa / MC Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_ 3-Digit Security Code: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Mail this request to:  
 Registrar's Office/University of Western States/2900 NE 132nd Avenue, Portland, OR 97230  
 OR fax to 503-251-5731