



**LAKE WASHINGTON
INSTITUTE OF TECHNOLOGY**

RECORDS REQUEST

LAKE WASHINGTON INSTITUTE OF TECHNOLOGY
11605 132ND AVENUE NE
KIRKLAND, WASHINGTON 98034-8506

WEB SITE: WWW.LWTECH.EDU -- E-MAIL: ADMISSIONS@LWTECH.EDU -- PHONE: 425.739.8104 -- FAX: 425.739.8110

PLEASE COMPLETE AND RETURN THE FOLLOWING INFORMATION TO ENROLLMENT SERVICES IN W201

ALLOW 2 WEEKS FOR PROCESSING

RECORDS REQUESTED BY (PLEASE PRINT):

NAME: _____

ADDRESS: _____

CITY _____ ST _____ ZIP _____

RECORDS REQUESTED:

Official Transcript Number Needed _____

Unofficial Transcript

Other: *Please Explain*

Student Authorization:

I hereby authorize Lake Washington Institute of Technology to send the confidential records requested above to the recipient identified herein.

Student Signature

Date

Social Security Number: _____ -- _____ -- _____

LWIT Student ID Number: _____ -- _____ -- _____

Birth date: _____ -- _____ -- _____

Phone: (_____) --- _____ --- _____

Course or Program: _____

Previous Name (IF DIFFERENT WHEN REGISTERED) _____

Last year and Quarter: _____

Fall Winter Spring Summer

RECORDS TO BE SENT TO: Check here if same address as above

PLEASE PRINT CLEARLY

TO: _____

STREET: _____

CITY: _____ ST _____ ZIP _____

ADDITIONAL ADDRESSES: PLEASE PRINT CLEARLY

1. TO: _____

STREET: _____

CITY: _____ ST _____ ZIP _____

2. TO: _____

STREET: _____

CITY: _____ ST _____ ZIP _____

ENROLLMENT SERVICES' USE ONLY

Date Received _____ by _____

Date Ordered _____ by _____

Date Sent _____ by _____

Records Sent:

Official Transcript # Sent _____

Unofficial Transcript

Other: _____

Comments: _____

