



**LAKE WASHINGTON  
INSTITUTE OF TECHNOLOGY**

# RECORDS REQUEST

LAKE WASHINGTON INSTITUTE OF TECHNOLOGY  
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KIRKLAND, WASHINGTON 98034-8506

WEB SITE: [WWW.LWTECH.EDU](http://WWW.LWTECH.EDU) -- E-MAIL: [ADMISSIONS@LWTECH.EDU](mailto: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:**

*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** \_\_\_\_\_

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**Comments:** \_\_\_\_\_

