

RECORDS REQUEST

LAKE WASHINGTON INSTITUTE OF TECHNOLOGY, 11605 132ND AVENUE NE, KIRKLAND, WASHINGTON 98034-8506
LWTECH.EDU | REGISTRATION@LWTECH.EDU | PHONE: (425)739-8104 | FAX: (425) 739-8110

**Please complete and return the following information to
Enrollment Services in West Building, W201
ALLOW 2 WEEKS FOR PROCESSING**

RECORDS REQUESTED BY:

(please print)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

RECORDS REQUESTED:

Official Transcript Number Needed _____

Unofficial Transcript

After grades/degree posted

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: _____

Student Information:

Social Security Number: _____ - _____ - _____

LWTech Student ID: _____ - _____ - _____

Birthdate: _____ - _____ - _____

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: _____ State: _____ Zip: _____

Additional Addresses (Please print clearly):

1. To: _____

Street: _____

City: _____ State: _____ Zip: _____

2. To: _____

Street: _____

City: _____ State: _____ Zip: _____

Want to pick up my transcript

After Grades posted

Check if you want to include current quarter grades

Enrollment Services Use Only

Date Received _____ by _____

Date Ordered _____ by _____

Date Sent _____ by _____

Records Sent:

Official Transcript #Sent _____

Unofficial Transcript

Other: _____

Comments: _____