

Antioch University Seattle  
Center for Continuing Education



**Continuing Education Transcript Request Form**

Transcript requests *must* be made in writing to protect your privacy:

Antioch University Seattle  
Attn: CE Transcripts  
2326 Sixth Avenue  
Seattle, WA 98121-1814  
FAX: 206-268-4115  
Phone 206-268-4111

Regular Transcripts \$7.00 each \_\_\_\_\_  
Rush Fee: \_\_\_\_\_  
    First Transcript \$15.00 \_\_\_\_\_  
    Each additional 7.00 \_\_\_\_\_  
Total Amount Enclosed \_\_\_\_\_  
Deadline Date, if applicable \_\_\_\_\_

Payment is due at time of transcript request. Check one:

- Check  
 Money Order  
 Credit Card: We accept VISA and MasterCard \$\_\_\_\_\_ Charge to my credit card:

Account Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Cardholder name, if different \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Signature for Release of Records \_\_\_\_\_

Address \_\_\_\_\_

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

Social Security Number \_\_\_\_\_

Daytime Telephone with Area Code \_\_\_\_\_

E-mail address \_\_\_\_\_

Yes/No Antioch Student or Alumnus \_\_\_\_\_

**Please send official transcript(s) to:**

Transcript 1:

Transcript 2:

Office/Business Name \_\_\_\_\_

Office/Business Name \_\_\_\_\_

ATTN to: \_\_\_\_\_

ATTN to: \_\_\_\_\_

Address (complete) \_\_\_\_\_

Address (complete) \_\_\_\_\_

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

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

Continue on reverse side if needed.

Send to self (not free)

Please list only most recently completed courses on the back. We will hold your transcript request until all listed courses are posted.

We do not offer unofficial transcripts, faxed transcripts or overnight, express mail.