CENTER FOR CONTINUING EDUCATION

Transcript Request Form



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

Send to: Antioch University Seattle CE Transcripts	Regular tra Rush fee:	anscripts \$7.00 eac	h	We do not offer unofficial transcripts, faxed transcripts or overnight, express mail.				
2326 Sixth Avenue Seattle, WA 98121		First transcript \$15.00Each additional \$7.00			— Usual turn around for regular transcripts is			
FAX: 206-268-4115					days maximum		and is 2 business	
	Deadline, i	f applicable						
Maiden Name or Previous Names	L	AST		FIRST			MIDDLE INITIAL	
Name								
Address								
E-mail Address								
Phone Number (Daytime)			(Evening)					
Social Security Number								
Signature for Release of Records								
☐ Check ☐ Money order ☐ Credit Condition Account Number Expiration Date Cardholder name, if different								
Please send official transcript(s) to:								
Transcript 1:			Transcript 2:					
Office Name			Office Name					
Attn to			Attn to					
Address			Address					
City	State	Zip	City			_ State	Zip	
□ Send to self								
To ensure a complete transcript course. We will hold your transcript u	: Please list all re ntil all of your list	ecently or soon to b ted courses are pos	e completed coursested.	s below, alo	ong with the date o	of completion	on for the	