



Transcript Request Form

To request a transcript, please complete this form, and return it by fax or mail to Washington Bankers Association, with payment. There is a \$20 charge to process transcript requests.

FAX: For faster processing, complete the credit card information below and fax this form to (206) 223-6453.

MAIL: Include check, made payable to WBA, and send to:

Washington Bankers Association
Transcripts
1601 Fifth Avenue, Suite 1120
Seattle, WA 98101

Name: _____

Social Security Number (required): _____

Bank: _____

Address: _____

City/State/Zip: _____

Work Phone: _____

Diploma you are working toward: _____

Dates or range of when programs were taken: _____

Please forward a copy of my transcript to:

Institution Name: _____

Attention: _____

Address: _____

City/State/Zip: _____

Your Signature: _____

Date: _____

Please process my credit card for payment: VISA or MasterCard (circle one)

Name on Card: _____ Signature: _____

Card Number: _____ Expiration Date: _____

Please photocopy page for additional requests.

Thank you for choosing WBA as your education resource.