



## Academic Transcript Request Form

### Saturday Computing Experience

**Applicant:** Please do not send this form to the *Saturday Computing Experience*. This form is a tool for applicants to request an academic grade transcript from their school. This form is to be filled out by the applicant, signed by the parent if applicant is under 18 years of age, and submitted to the applicant's middle or high school. Allow your school/college enough time to process your request so that your transcript arrives in time to meet the deadline listed below.

**Deadline: 5:00 PM, Friday, February 28, 2013**

Student's name	Social Security #
Home address	( ) Phone
Current grade/year in school/college:	Birth date:
Name of school/college	

I request that official grade reports/academic transcripts for the past two years be sent to the *Saturday Computing Experience* at the address below. I give permission for this information to be sent to the *Saturday Computing Experience* program.

Student signature:	Date:
Parent/Guardian signature (if applicant is under 18 years old):	Date:
Parent/Guardian name (print):	

**School:** Please send grade reports/academic transcripts:  
Saturday Computing Experience  
University of Washington  
Box 352350  
Seattle, WA 98195-2350  
FAX 206-543-2969 Attn: Robert Roth

or scan the transcript forms, and send them via email to [accesscomp@u.washington.edu](mailto:accesscomp@u.washington.edu).

For information about the Saturday Computing Experience, call 206-685-3648 V/TTY, or send an email to [accesscomp@u.washington.edu](mailto:accesscomp@u.washington.edu).