

DigiPen Transcript Request Form for Skills Center Students

Use this form to request a copy of your transcript if you are a current or former Skills Center student that has earned DigiPen college credits. Please note, general high school credit will appear on your high school transcript. Email the completed form to wanic@digipen.edu.

Date of Request: _____	
Student's Full Name: _____	Email Address: _____
Contact Phone: _____	School Year(s) Enrolled: _____

SUBJECT:

Art & Animation Game Design Music & Sound Design Video Game Programming

SELECT YOUR SKILLS CENTER:

WANIC Puget Sound Skills Center New Market Skills Center

Official transcript Unofficial transcript

UPON COMPLETION:

I will pick up transcript at DigiPen

Email transcript to: _____

Mail transcript to:

Name/Institution: _____

Street Address: _____

City: _____ State: _____ Zip Code _____

COMMENTS:

Student Signature: _____ **Date:** _____

**Parent signature is required only when a minor is requesting the transcript to be sent to another institution.*

9931 Willows Road NE, Redmond, WA 98052 | (425) 629-5001 | digipen.edu



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