

Seattle Central Community College Transcript Request Form
1701 Broadway, Seattle, WA 98122

PRINT

Last Name _____		First _____		Initial _____		Student I.D. Number _____	
Address _____							
				City _____		State _____ ZIP _____	
Phone _____				Email _____			
Previous Name _____				Birth Date _____			
Student's Signature _____				Date _____			

Send transcript to: **(Please print clearly for direct mailing in window envelope)**

Name: _____
Address: _____

City: _____ State: _____ Zip: _____

CHECK THE FOLLOWING ITEMS THAT APPLY:

- Dates of Attendance:** From _____ to _____
 If you have not attended or ordered a transcript since the early 1990's, your transcript maybe archived and it may take up to one week to process the request.
- Pick up transcript** (Transcripts not picked up will be destroyed after 30 days - you must re-order and pay again)
 - Mail**
 - Hold until grades are posted for the current quarter.**
 - Hold until degree, certificate or diploma is posted.**
 - Number of official transcripts at \$3.50 each**
(non-refundable)
 - Phi Theta Kappa (PTK) member

Allow 2 working days, excluding holidays, for requests to be processed. (During grading periods, this is extended.)

Central, North, South and SVI Campus transcripts are separate. You must request and pay at each campus.

B-102B Revised 9/09

Check/Credit Card Payment for Transcript Request

FORM OF PAYMENT: VISA MASTERCARD DISCOVER AMERICAN EXPRESS CHECK (please attach)

CREDIT CARD ACCOUNT NUMBER

EXPIRATION DATE: MONTH/YEAR

CARDHOLDER'S NAME/SIGNATURE