



Registration and Records
9401 Farwest Drive S.W.
Lakewood, WA 98498-1999
(253) 964-6617

TRANSCRIPT REQUEST FORM

(Fill out separate request for each address)

LAST NAME FIRST INITIAL STUDENT IDENTIFICATION NO. ____ / ____ / ____

CURRENT ADDRESS NAME ATTENDED UNDER

CITY STATE ZIP BIRTHDATE (M/D/Y)

TELEPHONE NUMBER E-MAIL ADDRESS

Please send transcripts to: (Please print)

CITY _____ STATE _____ ZIP _____

This form will be placed in a window envelope. The correct and legible address is the student's responsibility.

Circle last site attended:

Fort Steilacoom Puyallup Military Program
Other _____ Attended from _____ to _____

_____ # of Unofficial Transcripts

_____ # of Official Transcripts

Please check items that apply:

- Send a.s.a.p.
- Pickup transcript
- Send after current quarter grades posted:
(circle one) Summer Fall Winter Spring
- Hold for grade change:
Course & No. _____
- Have earned/applied for degree at Pierce?
Mo/Yr Graduate(d) _____

Allow two to three working days for processing transcripts. Transcripts are not released if outstanding financial obligation to the college exists.

Student's signature _____
(Will not be processed without your signature.)

Date _____

Processed by _____ Date _____

