Seattle Central Community College Transcript Request Form

1701 Broadway, Seattle, WA 98122

PRINT

Last Name _____ First _____ Initial _____ Student I.D. Number _____

Email: _____

Address _____

City _____ State _____ Zip _____ Phone _____

Previous Name _____ Birthdate _____

x _____ _____

Student's Signature Date

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

Name: _____

Address: _____

_____

City: _____ St: _____ Zip:

CHECK THE FOLLOWING ITEMS WHICH APPLY:

Dates of Attendance: From _____ **to** _____

If you have not attended or updated within the last 5 years, your transcript is archived and will take up to one week to process.

____I will **pick up** transcript (Transcripts not picked up will be destroyed **after 30 days** - you must re-order and pay again.)

____**Mail**

____Hold until current quarter grade(s) post.

____Hold until **degree, certificate or diploma** is posted.

____Phi Theta Kappa (PTK) Member

____No. of **Official** Transcripts at $3 each (Non-refundable)

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

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

B-102 Revised 3/07

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