

TRANSCRIPT REQUEST FORM
(Fill out separate request for each address)

Attended Pierce from _____ to _____

LAST NAME _____ FIRST _____ INITIAL _____ CTCLink/ STUDENT IDENTIFICATION NO. _____

_____ # of Unofficial Transcripts

_____ # of Official Transcripts

ADDRESS _____ NAME ATTENDED UNDER _____

Please check items that apply:

- Send a s.a.p.
- Pickup transcript
- Send after current term grades post:
(circle one) Summer Fall Winter Spring
- Have earned/applied for degree at Pierce?

CITY _____ STATE _____ ZIP _____ BIRTHDATE (MM/DD/YY) _____

Mo/Yr Graduate(d) _____

TELEPHONE NUMBER _____

Please send transcripts to: (Please print)

Allow 2 to 3 working days for processing transcripts.

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

CITY _____ STATE _____ ZIP _____

Date _____

OFFICE USE ONLY

Date received: _____ Received by: _____ Date processed: _____ Sent electronically: