

Date payment received: ______Payment type: _____

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PIERCE COLLEGE Possibilities. realized.	1601 39th Ave. S.E. Puyallup, WA 98374-2222 (253) 840-8400	TRANSCRIPT REQUEST FORM (Fill out separate request for each addre			Circle last site at Fort Steilacoom Other	Puyallup Fort Le	
AST NAME		FIRST			INITIAL	STUDENT IDEN	TIFICATION NO.
ADDRESS			NAME ATTENDED UNI	DER	Please check ite. ☐ Send a.s.a.p.	ms that apply:	
CITY	STATE	ZIP BIRTHDATE (M/D/Y) # of Unofficial Transcripts # of Official Transcripts			 Pickup transcript Send after current quarter grades posted: (circle one) Summer Fall Winter Spring Hold for grade change: 		
MAIL ADDRESS Please send transcripts Name	to: (Please print)				Have earned/a Mo/YrGradua Allow 2 to 3 working d	applied for degree at te(d)	Pierce?
Address ———————————————————————————————————				Studont's	s signature		
				student s	(Will not b	be processed without your signa	ature.)
CITY		STATE	ZIP	Date			
	e fee must be paid bef		r Official Transcripts ma ot is prepared. Pay at the		•	,	end directly to
							1906 TM
OFFICE USE ONLY							