



Request for Official Transcript Form

Information for transcript mailing label- Please complete one form per mailing address

| | |
|--|---|
| _____ | Name of Person, College, Business, Agency |
| _____ | Address line 1 |
| _____ | Address line 2 |
| _____ | City, State, Zip/Postal Code |
| Please indicate when request should process | |
| Process now | |
| Wait until grades are posted | |
| Wait until degree is posted | |
| _____ | Number of Transcripts |
| Request no more than nine (9) copies per request | |
| Please ensure that you fill out the address information accurately so your transcript can arrive in a timely manner. All transcripts are mailed in a sealed envelope. If opened, the transcript will no longer be considered official. | |

Student Information

| | | | |
|-----------------------|---------------------------------|-------|--|
| _____ | Name | _____ | Name attend, if different |
| _____ | Student ID # | _____ | Social Security # |
| | Retreive My SID | | (you can choose to use SSN instead of SID) |
| _____ | Date of Birth | _____ | Phone Number |
| _____ | Current Address | _____ | City, State, Zip/Postal Code |
| Dates Attended: _____ | To: _____ | | |
| | Year | Year | |
| _____ | Student Signature | _____ | Date |

Please print and mail form with payment and any other required form to:

Bellevue College
B125 – Transcript Request
3000 Landerholm Circle SE
Bellevue, WA 98007

Please make check or money order payable to Bellevue College (include student ID).