BELLEVUE COLLEGE

Request for Official Transcript Form

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

University of Washington — Name of College, Business, Agency

Transcripts — Address line 1

Box 355850 — Address line 2

Seattle, WA 98195 — City, State, Zip/Postal Code

Please indicate when request should process

- [x] Process now
- [ ] Wait until grades are posted
- [ ] Wait until degree is posted

1 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.

INFORMATION ONLY

Student Information

Joe Student
Name

Name attend, if different

95499999
Student ID #

531111111
Social Security #

7/17/1973
Date of Birth

333-555-4444
Phone Number

3000 Landerholm Circle SE
Current Address

Bellevue, WA 98007
City, State, Zip/Postal Code

Dates Attended: 1991 (Year) To: 1993 (Year)

Joe Student
Student Signature

10/12/2006
Date

Please print and mail form with check or money order per transcript and any other form to:
Bellevue College
B125 – Transcript Request
3000 Landerholm Circle SE
Bellevue, WA 98007