



OLYMPIC COLLEGE

REQUEST FOR OFFICIAL TRANSCRIPT

Registration and Records
 1600 Chester Avenue, Bremerton, WA 98337-1699
 1-800-259-6718 (ext.7200), 360-475-7200, Fax: 360-475-7202

Date of Request: _____

Student Name and Current Address:

Note: Window envelopes are used. Print inside box

COMPLETE ALL SECTIONS. Print clearly. Information must be correct and legible. **Please allow four working days for processing.** Requests will not be processed if debt(s) are owed to the college.

SOCIAL SECURITY NUMBER* _____
 and/or SID (if known) **860** _____

*Pursuant to Public Law 93-579, Section 7(b), disclosure of your social security number is voluntary. Your SS# will be used to identify your records at this college. Due to Federal regulations, not using your SS# can have a negative impact.

PREVIOUS NAME(S) 1) _____ 2) _____

CURRENTLY ENROLLED? DATE OF BIRTH

Yes No

If "no," last quarter/year _____ month day year

- TOTAL NUMBER OF TRANSCRIPT(S) REQUESTED
- # TO SEND IMMEDIATELY (To address below)
 - # OF ADDITIONAL TRANSCRIPT(S) TO STUDENT
 - # DO NOT MAIL – STUDENT WILL PICK UP
 - HOLD FOR GRADE CHANGE
 COURSE TITLE _____ QTR _____
 Incorrect grade? _____ (for tracking)
 - SEND AFTER QUARTER GRADE(S) POSTED
 SUM FALL WTR SPR
 - SEND AFTER DEGREE/CERTIFICATE POSTED
 SUM FALL WTR SPR
 - INCLUDE PSNS CREDITS

Send transcript to: (include full name and address)
 Note: Window envelopes are used – Print inside box

OFFICE USE ONLY

Date Sent: _____
 Date Re-sent _____
 Amount Received: \$ _____
 Amount Due: \$ _____
 Credit Balance: \$ _____

CASHIER USE

Keep your receipt

COST: \$5.00 PER COPY. SUBMIT FORM WITH PAYMENT TO CASHIER. To use a credit card, complete the information below. Olympic College only accepts MASTERCARD or VISA.

Circle one: Mastercard Visa

Credit Card # _____

Exp. Date _____ Security code _____

Cashier phone number: 360-475-7181

Phone number: _____

Student Signature

(Required for release of transcript and/or credit card charge)