



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).