



# Request for Official Transcript Form

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

<u>University of Washington</u>		Name of College, Business, Agency
<u>Transcripts</u>	Address	line 1
<u>Box 355850</u>	Address	line 2
<u>Seattle, WA 98195</u>	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.

Student Information

**INFORMATION ONLY**

<u>Joe Student</u>		Name attend, if different
Name		
<u>95499999</u>		<u>531111111</u>
Student ID #		Social Security #
<u>7/17/1973</u>		<u>333-555-4444</u>
Date of Birth		Phone Number
<u>3000 Landerholm Circle SE</u>		<u>Bellevue, WA 98007</u>
Current Address		City, State, Zip/Postal Code
Dates Attended: <u>1991</u> To: <u>1993</u>		
Year	Year	
<u>Joe Student</u>		<u>10/12/2006</u>
Student Signature		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