

## Shoreline COMMUNITY COLLEGE 16101 Greenwood Ave. N. Transcript Request

Office Use Only
Date sent
Method
Ву

\$5 charge for each copy of transcript. Limit of 10 transcripts per request. (There is a \$30 charge for International First Class Delivery and \$20 additional charge for expedited service) Please allow 3 - 5 business days to process. IF FILLING OUT BY HAND, PLEASE PRINT LEGIBLY.

Full Name:		Previous Name(s):		Studer	Student ID #:			
Current Address:							Date of Birth	า:
City:	State:	Zip:	Phone:		Credit Card Number (For your security please do not	redit Card Number — VISA and MasterCard ONLY or your security please do not enter credit card number here if paying in person)		Expiration:
ARE YOU: Currently enrolled? Yes □ No □	OR last q	uarter attend	led (approx.):					
PLEASE PREPARE: ☐ A.S.A.P. ☐ After current	Number of copies:			Cashier's C	office Use On	ice Use Only		
☐ After degree posts								T1 □ T2
☐ Aitel degree posts								Expedited
TO BE MAILED TO: (RECIPIENT)			ited   Internation	onal Mailing				International Mailing
NOTE: Please include any additional addresses on a separate address. Shoreline Community College cannot be responsible for official college transcripts are non-refundable.	sheet of par transcripts	oer. Student is res left over 90 days	sponsible for correct and or lost or misdirected m	d complete nail. Fees paid				
STUDENT WILL PICK UP TRANSCRIPT:	] Yes	□ No						
DO YOU HAVE A DEADLINE DATE?:	Yes	□ No						
If you have a deadline date, what is it? (mm/dd/yyyy):					Transcript fee		Ву	
Student Signature			Today's date		Student pick u	p:	Date:	
X							-	-