

## Transcript Request Form

Everett Community College does not charge for official or unofficial transcripts. However, transcripts are withheld if all obligations to the College, financial or otherwise, are not fulfilled.

To obtain a transcript of your Everett Community College coursework, please complete and submit this Transcript Request form and mail it to the following address:

Everett Community College, Enrollment Services  
2000 Tower St, Everett WA 98201-1390

You may also fax your request form to (425) 388-9173 or submit it in person in the Enrollment Services Office. If you have your student identification number (SID) and your personal identification number (PIN) you may obtain an unofficial transcript by using the Student Kiosk.

### PLEASE WRITE LEGIBLY

Name \_\_\_\_\_

Previous Name (s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Student Identification Number** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

1. Are you presently attending?

\_\_\_ YES (if yes, please answer the following questions)

\_\_\_ NO (if no, approximate dates of attendance) \_\_\_\_\_

2. Do you want present quarter's grades posted before transcript is sent? \_\_\_ YES \_\_\_ NO

3. Is degree to be posted before your transcript is sent? \_\_\_ YES \_\_\_ NO

If you do not know your student identification number, you need to provide your social security number for verification of correct transcript. Your social security number is confidential. It is not used to identify students except for the purposes of employment, financial aid, transcripts, enrollment/degree verifications, enrollment reporting to the state board, research, hope/lifetime tax credits, or as otherwise required by state or federal law or allowed by the student.

Soc Sec # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (OPTIONAL)

**Number of copies (maximum per request 10): Official \_\_\_\_\_ Unofficial \_\_\_\_\_**

**(If neither one is marked, one official transcript will be sent)**

**Complete mailing address of where your transcript is to be mailed. Please be very specific.**

Name \_\_\_\_\_

Department \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_ **(Required)**

**No request will be processed without student's signature.**

If you are sending someone to pick up a transcript for you, that person **MUST** provide a release from you authorizing us to release your transcript to them. Your release **MUST** have your signature and be dated. The person with the authorization **MUST** show picture identification.