

Transcript Request Form

Everett Community College does not charge for official or unofficial transcripts. However, transcripts will not be released if you have **any outstanding obligations to the College**. 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

Your completed request can be faxed to (425) 388-9173 or submitted in person at 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.

Once your request is received in our office it will be processed and mailed within 3 – 5 business days. Please allow 5 – 7 business days for delivery by the United States Postal Service.

PLEASE PRINT 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.