

Transcript Request

Instructions

1. Please complete one form per mailing address. Provide accurate mailing address so transcript arrives in a timely manner. Delays will occur if information is incomplete or incorrect.
2. If you do not know your student ID number please provide your social security number.
3. Student's signature must be on request.
4. Turn completed form in to CASHIER on the 1st floor of Lynnwood Hall and PAY \$7.00 per official transcript.

OR
SCAN form and email to transcripts@edcc.edu
OR
FAX form to Cashier at 425-640-1494
OR
MAIL completed form and **payment to:**
 Enrollment Services Office – Transcripts
 Edmonds Community College
 20000 68th Ave W
 Lynnwood, WA 98036
5. Questions? Call Enrollment Services at 425-640-1000.

Payment Information

For payment with credit card:

Visa
 Mastercard

Card Number

Month Year
 Expiration Date

Other Payment Options:

- Check enclosed – make check payable to Edmonds Community College.
- Check will be mailed on the same day as scanned or faxed request.
- I will call Cashier's office at 425-640-1563 to make payment.
(Student must notify Enrollment Services via email at transcripts@edcc.edu once payment has been made)
- Charge my student account so I can pay with my credit card (Visa or MasterCard) on the web: http://tuition.edcc.edu/_payment.php
To use web credit card system student must know their student ID number and college assigned personal identification number. See web payment instructions. Student must also notify Enrollment Services via email at transcripts@edcc.edu once payment has been made.

Student Information

Last Name	First Name <input type="checkbox"/> Update my record with this name.	Date of Birth	Student ID Number or SSN
Current Address <input type="checkbox"/> Update my record with this address. (Allow one additional processing day for update)	Former Name		E-Mail Address (Confirmation or issues will be emailed.)
City	State ZIP	Day Phone: () Eve Phone: ()	Did you attend before 1976? Yes <input type="checkbox"/> No <input type="checkbox"/> Are you currently enrolled? Yes <input type="checkbox"/> No <input type="checkbox"/>

Student Signature: _____ **Today's date:** _____
The request can not be processed without student's signature.

Ordering Information

Number of copies _____ **Official (\$7.00 US per copy)** **Unofficial (No Charge – limit of 1)**

NOTE: Student must verify that all grade changes have been processed prior to requesting transcripts. Provide complete and accurate mailing address below if transcript will be mailed.

- Process immediately. *
- Process at the end of the current quarter after grades are posted.*
- Process after degree has been posted.* Specify degree: _____

***Allow 3 business days for processing after payment has been made. Additional delays may occur the first week of registration and the first week of the quarter.**

- Send transcript to the address indicated below.**
 Transcripts requested to be sent to a WA state college (except private colleges) will be sent electronically unless otherwise indicated:
 Do not send electronically – please mail to address below.
- I will pick up.* Photo ID required.**
 If someone else will be picking up your transcript(s), fill out this section.
 I authorize _____
 to pick up my transcript(s) after showing photo ID. Authorization expires 30 days from date transcript was processed.

Mail to:
 Name of person, school, business, agency _____
 Address line 1 _____
 Address line 2 _____
 City, State, Zip/Postal Code, Country (if not US) _____

ES Office Use Only	
Date processed: _____	
Method:	
Mail	ET
Tracked by: _____	
Cashier Use Only	
Number of official copies: _____	
X	\$7.00/copy
\$	_____
Fee Code (w/ SID) = FT	
Fee Code (no SID) = FF	
Rev. 09/01/11	