EDMONDS COMMUNITY COLLEGE
20000 68th Ave W
Lynnwood, WA 98036

Transcript Request

Instructions

1. Please complete one form per mailing address. Make sure address information is accurate so transcript arrives in a timely manner. Delays will occur if information is incomplete.
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. PAY $6 per official transcript to the **CASHIER** on the 1st floor of Lynnwood Hall
   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:
   Edmonds Community College
   Enrollment Services Office – Transcripts
   20000 68th Ave W
   Lynnwood, WA 98036
5. Questions? Call Enrollment Services at 425-640-1458.

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** ☐ *Update my record with this name.*	**Date of Birth**	**Student ID Number or SSN**
Current Address ☐ *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 ☐ No ☐ **Are you currently enrolled?** Yes ☐ No ☐

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

Ordering Information

Number of copies _____ **Official ($6 US per copy)** ☐ **Unofficial (No Charge – limit of 1)**
(Cannot be emailed; obtain online at http://www.edcc.edu/studentinfo/)

NOTE: *It is the responsibility of the student to verify that any grade changes have been processed prior to requesting transcripts. The student is also responsible for providing a complete and accurate mailing address below if transcript will be sent.*

☐ **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. Additional delays may occur during 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.

○ **Pick up to hand carry. Picture ID required**
Transcripts are generally available for pick up the 3rd business day after payment is made. Additional delays may occur the first week of registration and the first week of the quarter. Transcripts not picked up after 30 days will be destroyed.

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 Pick Up
Tracked by: _____

Cashier Use Only
Number of official copies: _____
X $6/copy
$ _____
Fee Code (w/ SID) = FT
Fee Code (no SID) = FF 3/10