



Walla Walla Community College

Office of Admissions
500 Tausick Way
Walla Walla, WA 99362

TRANSCRIPT REQUEST

OFFICE USE ONLY

Transcript Hold

Transcript was:

Mailed ___/___/___ *Picked Up* ___/___/___

Electronically ___/___/___

Please Print: (Press Firmly) SSN _ _ _ - _ _ - _ _ _ _ _

SID 8 1 _ _ _ _ _
_ _ _ Student ID Number

Signature _____ Date _____
Will not be processed without

STUDENT'S NAME AND ADDRESS (Please Print)

NAME
ADDRESS
CITY STATE ZIP

PAYMENT IS REQUIRED BEFORE TRANSCRIPT IS SENT.

Number of copies requested _____ \$5.00 per copy. (Within 48 Hrs.)
_____ \$15.00 FOR SAME DAY SERVICE

List any last names _____ *Birth Date*

Are you currently enrolled? Yes No Mo. _____ Day _____ Yr. _____

If not, when did you last attend? Quarter _____ Year _____

- Send now
- Send after current quarter grades are posted. Qtr. _____
- Send after degree is posted. Have you applied? ___ Degree _____ Qtr _____
- Send after grade change(s) are posted. Qtr _____ Class _____
- Pick Up Date _____ after 12 o'clock. **MUST HAVE RECEIPT.**

NOTE: You are responsible for the correct address.
Please print clearly for window envelope use.
If transcripts are to be sent to more than one address use additional forms.

MAIL TRANSCRIPT TO:

NAME
ADDRESS
CITY STATE ZIP



Office of Admissions & Records
 Walla Walla Community College
 500 Tausick Way
 Walla Walla, WA 99362
 509-527-4283
509-527-3661 fax

Official Transcript Payment & Delivery Options

\$15 Same Day Service

If your written request is received no later than 3 p.m. Monday - Friday, we will mail your official transcript on the same day as requested. The fee for this service is \$15 per transcript. If you require an overnight delivery service, your request should reach us no later than 1:00 p.m. Monday-Friday. An additional fee will be collected.

\$5 Official Transcript

We will mail your official transcript within 3 to 5 days from receipt of the request. Please include \$5 for each transcript requested.

Select:	# of Transcripts	Fee	Total
		\$15	
		\$5	
	Overnight Delivery	Call for Fee	
		Total	

_____ Check or money order is enclosed. (Please do not send cash through the mail.)

_____ Paying with Visa or Mastercard. (Required if faxing your request.)

Name on card _____

Billing Address _____
 Listed on card (street address)

 (City, State & Zip Code)

Your Daytime Phone # _____

Credit Card Account # _____

Security Code # _____
 (3 or 4 digit number, usually on back of card in the signature line.)

Expiration Date _____

Signature _____