



Official Transcript Request Form

(Cash, Check, Money Order, TRiO Students)

Return Address:

WWCC Admissions and Registrar
500 Tausick Way
Walla Walla, WA 99362

Student Information

Last Name _____ First Name _____

Previous Last Name(s) _____ DOB _____

CTC ID/SID _____ Last 4-Digits of SSN _____

Email Address _____ Phone Number _____

Student Signature _____ Date _____

Transcript Order Details

Number of copies requested _____ \$10.00 each. **PAYMENT IS REQUIRED BEFORE ORDER IS PROCESSED.**

_____ \$15.00 each for same day pickup.

- Send Now
- Send after current quarter grades are posted
- Send after degree/certificate is posted.
- TRiO Student—TRiO Advisor: _____
- Pick-Up Date: _____ between 1:00-5:00pm. **You will need Photo ID for pick-up.**

If transcripts are being mailed to more than one address, you will need to use additional forms.

NOTE: You are responsible for providing the correct mailing address below.

NAME		
ADDRESS		
CITY	STATE	ZIP

Office Use Only

Transcript Hold: _____

Mailed ___ / ___ / ___ Picked Up ___ / ___ / ___ Milestones _____