

TRANSCRIPT REQUEST



This form can be completed on-line at www.clark.edu and printed for mailing or faxing.
Please mail or fax this request to:
Clark College
Attn: Transcripts/GHL128
1933 Fort Vancouver Way, Vancouver, WA 98663-3598
Fax number: 360-992-2876

Print clearly using black or blue ink

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Student ID Number or Social Security Number

Current Last Name First Middle Initial

Current Address Apt. Number Day Phone

City State Zip Evening Phone

All Previous Names Date of Birth

Approximate Years of Attendance

First Year: _____ Last Year: _____

Number of Unofficial Transcripts: _____

Number of Official Transcripts: _____

Student Signature is Required:

Former and current students are allowed four (4) free transcripts each quarter, additional copies cost \$1.00. You may pay by check or credit card.

Make check payable to **Clark College**

Credit Card

Credit Card Number: _____

Expiration Date: ____/____/____

Mail transcripts immediately

Will pick up transcript on _____
(indicate date and time)

Process after current grades are posted

check one: summer fall winter spring

Process after recent degree is posted

Allow three to five business days for processing. During peak periods it will be at least five business days to process. If you have questions please call **360-992-2135**.

Mail Transcript to:

Please provide complete addresses—use additional pages, if needed. Transcripts will not be faxed.

Address: _____

City: _____ State: _____ Zip: _____

Address: _____

City: _____ State: _____ Zip: _____

Address: _____

City: _____ State: _____ Zip: _____

Address: _____

City: _____ State: _____ Zip: _____

Office Use Only

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Date Received

Initial

Logged

Date Sent

Clark College *The Next Step*