

TRANSCRIPT REQUEST



This form can be completed on-line 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: 360-992-2876 Phone: 360-992-2135

Date Received
ID OK

Initials

Student ID Number or Social Security Number (Print clearly using black or blue ink)

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Approximate Years of Attendance

First Year: _____ Last Year: _____

Current Last Name

First

Middle Initial

Current Address

Apt. Number

Day Phone

City

State

Zip

Evening Phone

All Previous Names

Date of Birth

➔ OFFICIAL TRANSCRIPTS ARE \$2.50 EACH

Allow seven (7) BUSINESS days for processing. During peak periods, it will be at least ten (10) days to process.

Rush transcript requests are \$15.00 for each transcript and processed by 4:00 pm the next business day. Transcripts are sent First Class US Mail.

You may pay by check or credit card. If ordering transcripts in person, please pay fee at the Cashier's Office first and provide the receipt to the Registration Dept with this completed form.

- Make check payable to **Clark College**
- Credit Card (American Express not accepted)

Credit Card Number: _____

Expiration Date: _____ / _____

Number of transcripts: ____ at \$2.50 each = \$ ____

Number of transcripts: ____ at \$15.00 each = \$ ____

I authorize the following total amount to be charged: \$ ____

- Mail transcripts
- Will pick up transcript on _____ after 4:00 pm
Indicate date, allowing seven BUSINESS days. Transcripts may be picked up at the Registration Dept in Gaiser Hall.
- Process after current grades are posted
check one: summer fall winter spring
- Process after recent degree is posted
- Process after repeated class: _____
(provide dept & course number, e.g. MATH 095)

➔ STUDENT SIGNATURE IS REQUIRED

_____ Date: _____

Clark College *The Next Step*

Mail Transcript to:

Provide recipient name and the complete mailing address. Transcripts will not be faxed. (Add additional page if needed.)

To: _____

Address: _____

City: _____ State: _____ Zip: _____

To: _____

Address: _____

City: _____ State: _____ Zip: _____

To: _____

Address: _____

City: _____ State: _____ Zip: _____

To: _____

Address: _____

City: _____ State: _____ Zip: _____

Office Use Only	
Date logged in _____	Initials _____
Date sent/prepared _____	
Date picked up _____	Initials _____ ID OK <input type="checkbox"/>