

TRANSCRIPT REQUEST FORM

INSTRUCTIONS TO STUDENT: This form is to be sent by you to a previous college or high school attended in order to request that an official copy of your transcript be forwarded to Clark College and an unofficial copy sent to your home for advising purposes. Please complete and forward to that school's Registrar.

• **NOTE**: Please contact the college whose transcript you are requesting to find out how much their transcript processing fee is, if any. Some colleges charge for transcripts, some don't. Failure to enclose the fee may delay your request.

NAME OF PREVIOUS	S COLLEGE OR HIGH SCHOOL ATTENDED				
Address					
CITY		STATE	ZIP		
То Тне R eg	ISTRAR:				
	Please send an official copy of my transcript from your institution to: Clark College Office of Admissions/MS-PUB002 1933 Fort Vancouver Way Vancouver WA 98661	AND	Please send an uno copy of my transcryour institution to home address for a purposes.	ipt from ny	
NAME (PLEASE SIGN	N)		DATE		
Address					
CITY		STATE	ZIP		
OTHER NAMES USED:		LA	LAST YEAR OF ATTENDANCE:		
DATE OF BIRTH: _		SOCIAL SECURITY NUMBER (OPTIONAL):			
MY FULL NAME IS C	CURRENTLY (PLEASE PRINT):LAST		FIRST	MIDDLE	

DATE

SIGNATURE