



**WENATCHEE VALLEY COLLEGE—TRANSCRIPT REQUEST**

1300 Fifth Street, Wenatchee WA 98801 Phone (509) 682-6839 Fax (509) 682-6801

If you have the ability to scan a document you may email the completed form to: registrar@wvc.edu

**STUDENT INFORMATION**

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Birth Date \_\_\_\_\_

Previous Name(s) \_\_\_\_\_

Student ID (SID) or SSN \_\_\_\_\_ Dates Attended \_\_\_\_\_

**DELIVERY PREFERENCE COST PER TRANSCRIPT: \$4.50 # of Copies \_\_\_\_\_**

- Pickup immediately** -Photo ID is required. **Bring this form to Admission/Registration office**  
Not available for Omak campus
- Send as soon as possible**
- Send only after current quarter grades are posted**
- Send only after degree is posted**
- Send only after grade change is posted for the following course** (Grade before change: \_\_\_\_ )  
Course ID \_\_\_\_\_ Quarter \_\_\_\_\_ Year \_\_\_\_\_
- Transcripts to be picked up by a third party** Must provide name of third party on form, and they must have picture ID when picking up transcript.

**TRANSCRIPT DELIVERY INFORMATION Mail (or release) transcripts to the following address(es):**

- |                            |                            |
|----------------------------|----------------------------|
| 1. _____<br>_____<br>_____ | 2. _____<br>_____<br>_____ |
| 3. _____<br>_____<br>_____ | 4. _____<br>_____<br>_____ |

**Student's Signature** (required) \_\_\_\_\_  
Date \_\_\_\_\_

**Please write Student ID Number on front of check.**

To charge payment, indicate: \_\_\_ Visa \_\_\_ MasterCard Account # \_\_\_\_\_ Expir. Date \_\_\_\_\_

Cardholder's Name \_\_\_\_\_ Cardholder's Signature \_\_\_\_\_

**OFFICE USE ONLY** \_\_\_\_\_ **Date** \_\_\_\_\_