WENATCHEE VALLEY COLLEGE—TRANSCRIPT REQUEST
1300 Fifth Street, Wenatchee WA 98801
Phone: (509) 682-6836 Fax: (509) 682-6801
If you have the ability to scan a document you may email the completed form to: transcripts@wvc.edu

### STUDENT INFORMATION

Name: Last ___________________________ First ___________________________ MI ______
Address _________________________________________________________________
City ___________________________ State _______ Zip _______________________
Phone Number ___________________________ Birth Date _______________________
Previous Name(s) _______________________________________________________

Student ID (SID) or SSN ___________________________ Dates Attended _______________________

### DELIVERY PREFERENCE

<table>
<thead>
<tr>
<th>COST PER TRANSCRIPT: $10.00</th>
<th>Total # of Copies ______</th>
</tr>
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- [ ] Send as soon as possible  
  *Note: Please allow 2-3 business days for processing*  
  NO SAME-DAY Guarantee

- [ ] Send only after grades are posted for (Check One):  
  Fall  Winter  Spring  Summer

- [ ] Send only after degree is posted: Quarter: ___________ Year: ___________

- [ ] Send only after grade change is posted for the following course:
  Course ID__________ Quarter ___________ Year ___________ Grade before change: ______

- [ ] Pick-up Transcripts / Transcripts to be picked up by a third party (Wenatchee ONLY)
  Must provide name of third party on form; you and/or third party must have picture ID when picking up transcript.

### TRANSCRIPT DELIVERY INFORMATION

Note: **We cannot email transcripts**

1. _____________________________________________________________________________
   _____________________________________________________________________________
   _____________________________________________________________________________

2. _____________________________________________________________________________
   _____________________________________________________________________________
   _____________________________________________________________________________

3. _____________________________________________________________________________
   _____________________________________________________________________________
   _____________________________________________________________________________

4. _____________________________________________________________________________
   _____________________________________________________________________________
   _____________________________________________________________________________

Student’s Signature (required) _____________________________________________________________________________ Date ___________

### Payment

Please write Student ID Number on front of check.

***If you would like to pay with a debit/credit card, please contact our Cashier at 509-682-6500***

OFFICE USE ONLY _____________________________________________________________________________ Date ___________