



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: 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 Total # of Copies _____

Pickup immediately -Photo ID is required. * **Bring this form with you to the Admissions office**
Not available for Omak campus

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: _____

Transcripts to be picked up by a third party Must provide name of third party on form; 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 _____

Please write Student ID Number on front of check.

Expir. Date: _____

To charge payment, indicate: **Visa** _____ **MasterCard** _____ **Card #:** _____ **Security Code:** _____

_____ **Cardholder's Name** _____ **Cardholder's Signature**

OFFICE USE ONLY _____ **Date** _____