



GED OFFICIAL TRANSCRIPT REQUEST

Bellingham Technical College
3028 Lindbergh Ave, Bellingham WA 98225
Phone: 360-752-8450; Fax: 360-752-7135

OFFICE USE ONLY

Cashier's initials: _____
Amt paid: _____
Date Sent: _____

» Please print clearly «

Today's Date: _____ Approximate Date Tested: _____

Name At Time Of Testing: _____

Current Name (if different from above): _____
Last First MI

Soc Sec # (or BTC Student ID #): _____ Date of Birth: _____

Your Social Security Number is confidential and under the Family Educational Rights & Privacy Act, the college will protect it from unauthorized use and/or disclosure. In compliance with state/federal requirements, disclosure may be authorized for the purpose of state and federal financial aid, Hope/Lifetime Learning tax credits, academic transcripts, assessment or accountability research.

Number of Transcripts Requested (fee: \$5 per copy): _____ Current Phone Number: _____

I will pick up transcript(s) **OR** Mail transcript(s) to (complete name and address):

STUDENT SIGNATURE (REQUIRED to release records)