

Unofficial Transcript Request Form

Processed by Enrollment Department 360.752.8350|registration@btc.edu

BTC Official Transcripts: www.parchment.com

GED Transcripts: www.ged.com

STUDENT INFORMATION:			
Name (last, first, middle initial)			
For	mer Name		
SID or SSN		Birth Date (mm/dd/yyyy)	
Phone Number		Attendance Dates	
Ado	dress (street, city, state, zip code)		
Em	ail		
	DERING INFORMATION:		
	Send my transcript to(include complete mailing address)		
	I will pick up my transcript (with photo ID)	
	7		
		Full Name of Designated Person	
I au	uthorize Bellingham Technical College to rel		
Stu	dent's Signature	Date	
No	<u>ote</u> : Hand written signature required. Digi	tal/electronic signatures not accepted.	
		FOR OFFICE USE ONLY	
		Date request received in office:	
		Date processed:	

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