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OFFICIAL TRANSCRIPT REQUEST FORM

LAST, FIRST, MIDDLE INITIAL		DATE	
ADDRESS		TELEPHONE NUMBER	
ADDRESS			
CITY, STATE & ZIP CODE		SOCIAL SECURITY NUMBER	
OTHER NAMES (If applicable)		SIGNATURE	
			,
MAIL TRANSCRIPT IMMEDIATLY DATE O		1	YEARS ATTENDED
HOLD TRANSCRIPT FOR PICK UP		PICKUP DATE	
MAIL TRANSCRIPT AFTER END OF TERM	TERM END DATE		PROGRAM
PLEASE FAX TRANSCRIPT	NAME / INSTIT	UTION	FAX NUMBER
Transcripts: \$10.00 for each official transcript MAIL TRANSCRIPT TO: (FILL OUT SEPARATE REQUEST FOR EACH ADDRESS) MAIL TO ADDRESS LISTED ABOVE			
NUMBER OF OFFICIAL TRANSCRIPTS NAME			
NUMBER OF UNOFFICIAL TRANSCRIPTS ADDRESS	ADDRESS		
Transcripts will be processed in 7-10 business days. CITY, STATE & ZIP CODE			
If you are paying by debit or credit card, please provide your card number and expiration date here:			
☐ Visa ☐ MasterCard ☐ Discover Name on card:			
Card Number: Expiration D	piration Date: 3 Digit Security Code:		
 There is a \$10.00 fee for each official transcript. This can be paid by cash, check or credit card. Payment must accompany your request. 			

- Your signature is required with each transcript request.
- There is an additional \$10.00 handling fee for faxing transcripts from Sumner College to another institution.
- Your transcript may be delayed if your request is incomplete or if you have a "hold" on your account due to unmet obligations to the college.
- Picture ID is required for pick up of transcripts, if you have authorized someone to pick up your transcript for you, a letter stating this with your signature will be required.
- Please mail or fax all transcript requests to the registrar at Cascade Station Campus or email: registrar@sumnercollege.edu this form can be dowloaded from our website: www.sumnercollege.edu/studentservices/transcript requests