

CREDIT CARD PAYMENT FORM

Name: _____

Student Identification # (SID): _____

Date: _____

Phone: _____

Credit Card Information:

MasterCard VISA Discover American Express

Card Number: _____ - _____ - _____ - _____ Expiration Date: _____

Card Holder Name: _____

Amount Authorized \$ _____ Billing Zip Code: _____

Card Holder Signature: _____

South Seattle College Transcript Request Form

Number of OFFICIAL transcripts ordered (\$7.50 each) _____

Number of RUSH OFFICIAL transcripts (**minimum** order \$15.00 for one transcript) IN PERSON ONLY* _____

Are you attending South this quarter? Yes No If no, last quarter attended _____

Last Name _____ First Name _____ Former Name _____

Address _____ City _____ State _____ Zip _____

Telephone Number _____ Birthdate _____ SID _____

CHECK THE APPROPRIATE BOX:

- Process my transcript(s) immediately
- Hold request until quarter grades are posted
- Hold this request until my degree or certificate has been posted

CHECK THE APPROPRIATE BOX:

- Mail my transcript(s) to the address below
- I will pick up my transcript(s) at the Registration Office
Any transcripts not picked up after 90 days will be destroyed.

Mail transcript(s) to:

Signature _____
Date _____
Email Address _____

PLEASE ALLOW A MINIMUM OF 72 HOURS TO PROCESS STANDARD ORDERS
TRANSCRIPTS REQUIRE UP TO 7 BUSINESS DAYS TO PROCESS AT END OF QUARTER
*ORDER AND PICK UP IN PERSON ONLY. RUSH TRANSCRIPTS WILL BE AVAILABLE AT 4:00 PM FOR ORDERS PLACED BY 12:00 PM
RUSH TRANSCRIPTS WILL BE AVAILABLE AT 9:00 AM THE NEXT BUSINESS DAY FOR ORDERS PLACED AFTER 12:00 PM