

Transcript Request & Credit Card Form

To obtain an official transcript of your South Seattle College coursework, please complete the Transcript Request Form and submit it via email to the Registration staff at ssccregistration@seattlecolleges.edu. The Registration staff will work with the Cashiers Office to process payment.

The cost is \$7.50 per transcript. Please allow 7-10 business days for processing of official transcripts.

It is the student's responsibility to fill out all official transcript request forms correctly and completely upon submission. Transcript(s) sent in error due to information submitted by the requester shall not be fixed or reprocessed.

ST	UDENT INFO	RMATION		
Student Name (First, Middle, Last):		Former Name:		
ctcLink ID Number: Date of Birth:				
Email:		Phone:		
TRANSCRIPT REQUEST INFORMATION				
Check the appropriate box:		Check the	e appropriate box:	
□ Process my transcript(s) immediately		□ Mail my transcript(s) to the address below.		
□ Hold request until quarter grades are posted		□ I will pick up my transcript(s) at the Registration		
□ Hold request until my degree or certificate has been		Office. Any transcript(s) not picked up after 90		
posted		days will be destroyed.		
Name/Attention to: Department: Address: No request will be processed without the student's signature. Student Signature: Date: Number of copies:				
CREDIT CARD INFORMATION				
Select Card: MasterCard VISA	A 🗆 D	iscover	□ American Express	
Card Number:		Expiration Date:		
Card Holder Name:				
Amount Authorized \$	Billing Zip	Code:		
Card Holder Signature:			Date:	