



OFFICIAL TEST SCORE TRANSCRIPT REQUEST

3028 Lindbergh Ave
Bellingham WA 98225
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Website: www.btc.edu/Assessment

STUDENT INFORMATION - (please print):

LAST NAME FIRST MI

STUDENT SIGNATURE (REQUIRED) authorizing release of records

OTHER NAMES USED

BIRTH DATE PHONE NUMBER

PROCESS TRANSCRIPT - (check appropriate boxes):

- Please sent an electronic copy to:
- I will pick up transcript (photo ID required)
- MAIL TRANSCRIPT **Student is responsible for complete mailing address.**

TODAY'S DATE

STUDENT ID NUMBER (SID):

TEST INFORMATION

TEST NAME

APPROXIMATE DATE OF TESTING

NUMBER OF COPIES:

OFFICE USE ONLY:

Assessment Center Staff Initials: _____

Date Sent: _____

Date Scanned: _____