	Unofficial Transcript Request Form	
Bellingham TECHNICAL	F	Processed by Enrollment Department 360.752.8350 registration@btc.edu
COLLEGE 3028 Lindbergh Ave Bellingham, WA 98225	BTC Official Transcripts: <u>www.parchment.co</u>	m GED Transcripts: <u>www.ged.com</u>
STUDENT INFORM	IATION:	
Name (last, first, n	niddle initial)	
Former Name		
SID or SSN	Birth Dat	e (mm/dd/yyyy)
Phone Number	Attendance Dates	
Address (street, ci	ty, state, zip code)	
Email		
ORDERING INFOR	<u>MATION:</u>	
	script to nysical mailing address)	
I will pick up i	my transcript (with photo ID)	
Designated p	erson will pick up my transcript (with photo	
		Full Name of Designated Person
I authorize Belling	ham Technical College to release my unoffic	cial transcript.
 Student's Signatur	e	Date
	ten signature required. Digital/electronic s pts will not be sent electronically. Please e	ignatures not accepted. nsure you have provided an accurate mailing
		FOR OFFICE USE ONLY
		Date request received in office:
		Date processed:
		Ву:

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