

Office Use Only			
ID OK	<input type="text"/>	Holds	<input type="text"/>
Rec'd	<input type="text"/>	Sent	<input type="text"/>

**ORDER ONLINE.** Order online and track the progress of your transcript request: [www.getmytranscript.com](http://www.getmytranscript.com)

OR you can request transcripts:

**IN PERSON.** Payment is made at the Cashier's Office in Bldg. 14.

**BY MAIL.** Send your signed request with payment (check or money order) to:

Cashier, Bldg. 14  
Tacoma Community College  
6501 S. 19th St.  
Tacoma, WA 98466

**Please Note ...**

- Your request will be processed by TCC in approximately five business days.
- We do not accept email or telephone requests.
- Transcripts are never sent by FAX.
- For express mail requests, please provide pre-paid express envelope.
- Student or designated representative must show picture ID to pick up transcript in person.
- Outstanding debts to TCC must be paid before transcript requests are processed.
- Students can print unofficial transcripts FREE from the STUDENT CENTER portal.
- Transcripts for pick up will be destroyed after 30 business days.

**TCC ALUMNI.** Unofficial transcripts can be printed FREE from <https://www.tacomacc.edu/forms/myeservices.aspx>. You can also request your unofficial transcript from the Enrollment Services office, Bldg. 7.

**Third Party Requestor**

Signed Student Release on file or attached

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
ID/Badge (if applicable)

**1 Student Information** (Please print clearly, do not use erasable ink)

Name _____		
Last	First	Middle Initial
Former Name _____ (include copy of picture ID)		
<b>SID</b> _____		Attendance Dates _____
Birth Date _____		Telephone _____
Mailing Address _____		
City _____ State _____ Zip Code _____		
Email Address _____		

**2 Ordering Information**

Number of Official Transcripts Ordered? \_\_\_\_\_

COST: \$5.75 for the first transcript, plus \$1 for each additional transcript. Fee is non-refundable.

Send my transcript  Yes  No

Complete Step No. 4.

I will pick up my transcript  Yes  No

At Enrollment Services (Bldg. 7). **ID required.**

Designated person will pick up my transcript  Yes  No

Name of person designated: \_\_\_\_\_

**Wait to send until posted** Quarter/Year \_\_\_\_\_

End of Quarter Grade

Degree  
Type: \_\_\_\_\_

Certificate  
Type: \_\_\_\_\_

Grade Change

Other: \_\_\_\_\_

**3**

Student's Signature \_\_\_\_\_

**4 Send my transcript** (include complete mailing address)

TO: \_\_\_\_\_

No. of copies \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_