

REQUEST FOR OFFICIAL TRANSCRIPTS

Please allow 3-5 business days for transcript processing.



To: Warner Pacific College Registrar

From:

Student's Full Name

Last 4 digits of Social Security Number

Mailing Address

City

State

Zip

Telephone

Date of Birth

I was a student from:

_____ to _____,
Month/Year Month/Year

registered under the following name(s): _____

I need: _____ **Official Transcript(s)** at **\$7.00 each**. Must be mailed or picked up in person.

_____ **Unofficial Transcript(s)** (no charge). May be mailed, faxed, emailed or picked up in person.

Hold request until:

_____ **Grades Recorded for** _____ **semester or module**

_____ **Degree Posted**

Please send Transcripts to:

Handwritten Signature: _____ **Date:** _____

Required by law

My payment for official transcripts:

MasterCard _____ **Expiration Date** _____ **V Code*** _____

Visa _____ **Expiration Date** _____ **V Code*** _____

**The last three digits on the signature line on the back of your credit card*

Check made payable to Warner Pacific College enclosed (\$7.00 per official transcript)

Send the completed form to:

**Warner Pacific College
Records Office
2219 S.E. 68th Avenue
Portland, OR 97215**

or FAX to:

503-517-1352

or Email as Scanned Attachment to:

records@warnerpacific.edu