

REQUEST FOR TRANSCRIPTS
Please allow 3-5 business days for transcript processing.



To: Warner Pacific Records Office

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:

Card # _____ **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 University enclosed (\$7.00 per official transcript)

Send the completed form to: Warner Pacific University
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