



**OFFICIAL TRANSCRIPT REQUEST FORM**

PLEASE PRINT			
FIRST NAME	LAST NAME	MIDDLE INITIAL	DATE
ADDRESS			TELEPHONE NO.
CITY, STATE & ZIP			YOUR SOCIAL SECURITY NUMBER
OTHER NAMES USED WHILE ATTENDING			

<input type="checkbox"/> MAIL TRANSCRIPT IMMEDIATELY	DATE OF BIRTH	YEAR LAST ATTENDED
<input type="checkbox"/> MAIL TRANSCRIPT AFTER END OF TERM	VISA/MASTERCARD CREDIT/DEBIT CARD NUMBER:	
<input type="checkbox"/> HOLD FOR PICK UP (photo ID required)	EXPIRATION DATE:	CVV CODE:
<b>If your account is not clear with the PPC business office (971-386-5215) your request will be returned to you unprocessed. Payment must accompany request.</b>	NAME ON CARD:	

MAIL TRANSCRIPT TO: (Fill out separate request for each address)	Number of Transcripts ____	FOR OFFICE USE ONLY	
NAME	FEE: \$5.00 EACH	DATE TRANSCRIPT ISSUED	
ADDRESS	NORMALLY, TRANSCRIPTS ARE READY 4-6 BUSINESS DAYS AFTER REQUESTED.	AMOUNT PAID	
		<input type="checkbox"/> CHECK/CASH	<input type="checkbox"/> CREDIT CARD
CITY, STATE & ZIP CODE		RECEIVED BY/DATE	RECEIPT NO.

<b>SIGN HERE</b>	SIGNATURE	DATE
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