



# Seattle Pacific University

Student Academic Services  
3307 Third Avenue West  
Seattle, WA 98119-1997  
(206) 281-2031 FAX (206) 281-2669

## Transcript Request

### PERSONAL INFORMATION

Name: \_\_\_\_\_

Date: \_\_\_\_\_ SPU ID/ SSN#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

### FIRST REQUEST

1 COPY (\$5) \_\_\_\_\_ 2 COPIES (\$10) \_\_\_\_\_ 3 COPIES (\$15) \_\_\_\_\_ 4 COPIES(\$20) \_\_\_\_\_ UNOFFICIAL (FREE): \_\_\_\_\_

PICKUP

SEND TO:

Institution: \_\_\_\_\_

Attention: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### SECOND REQUEST

1 COPY (\$5) \_\_\_\_\_ 2 COPIES (\$10) \_\_\_\_\_ 3 COPIES (\$15) \_\_\_\_\_ 4 COPIES(\$20) \_\_\_\_\_ UNOFFICIAL (FREE): \_\_\_\_\_

PICKUP

SEND TO:

Institution: \_\_\_\_\_

Attention: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### ENROLLMENT INFORMATION

First quarter attended SPU? \_\_\_\_\_ Please hold for course/s: \_\_\_\_\_

### PAYMENT INFORMATION

Cash: \_\_\_\_\_ Check: \_\_\_\_\_ Visa/Mastercard: \_\_\_\_\_

Card number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiration Date: \_\_\_\_ / \_\_\_\_ Amount: \$ \_\_\_\_\_

Signature: \_\_\_\_\_

*Office Use Only:*

Amount Paid: \_\_\_\_\_ Initials: \_\_\_\_\_ Hold: \_\_\_\_\_