



TRANSCRIPT REQUESTS

Please complete one form for each address you are requesting a transcript to be sent. Requests will not be processed without complete information and payment. Make prior payments to the TBCC Business Office/Store or mail to:

TBCC Student Services
4301 Third Street Tillamook
Oregon 97141 Fax:
503-842-8334

Transcript Fees Per Transcript

Regular: \$5.00 – Processed in 2-5 business days

Priority: \$30.00 and requested prior 2:00 pm – Transcript is mailed as priority mail at the US Post Office by 5:00 pm

NOTES:

1. Please allow adequate time for processing requests. While most requests are fulfilled within two business days, there are peak times when up to five business days are required. This is especially important during the term breaks.
2. We do not provide transcripts for students who have an outstanding financial obligation with the College. Please contact the TBCC Business Office at (503) 842-8222 x1240 to resolve the issue.
3. Transcripts of courses taken at other institutions must be requested directly from those institutions.
4. Students who attended TBCC prior to April 2014 must request transcripts from Portland Community College.

<u>Your TBCC Information</u>	<u>Sending Instructions</u>
Type of Transcript Requested: <input type="checkbox"/> Regular <input type="checkbox"/> Priority	<input type="checkbox"/> I will pick up transcript
Number requested _____ Date of Birth _____	<input type="checkbox"/> Send my transcript to me at the address listed to the left
Student ID# or SSN _____	<input type="checkbox"/> Receiving Institution and Exact Mailing Address (Please Print Clearly)
Full Name _____	Name of Institution/College/ University
Other Name(s) which you have used at TBCC _____	_____
Address _____	Attention (Optional) _____
City, State, Zip Code _____	Address _____
Dates of Attendance _____	_____
Please provide us with a daytime number in case we need to contact you about your request: _____	City, State, Zip Code _____

I verify that the information provided above is correct and represents my personal information. I agree to release my Tillamook Bay Community College transcript to the person or institution listed above.

Signature _____

Date _____