



# 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  
(503) 842-8222 X1100  
Fax: 503-842-8334

## Transcript Fees per Transcript

Regular: \$5.00 – Processed in 2-5 business days  
Priority: \$30.00 and requested prior to 2:00 pm – Transcript is mailed as priority mail at 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 term breaks.
2. We do not provide transcripts for students who have an outstanding financial obligation with Tillamook Bay Community College. Please contact the TBCC Business Office at (503) 842-8222 x1220 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><b>Your TBCC Information</b></u>	<u><b>Sending Instructions</b></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 transcript to me at the address listed to the left
Student ID# or SSN: _____	<input type="checkbox"/> <b>Receiving Institution and Exact Mailing Address</b> (Please Print Clearly)
Full Name: _____	Name of Institution/College/University: _____
Other Name(s) which you have used at TBCC	Attention (Optional): _____
Address: _____	Address: _____
City, State, Zip Code: _____	_____
Dates of Attendance: _____	City, State, Zip Code: _____
Please provide us with a daytime number in case we need to contact you about your request: _____	

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 \_\_\_\_\_