

## Transcript Request Form

Transcripts will not be released if there is a financial hold on your account.

### PRINT NAME AND ADDRESS

\_\_\_\_\_  
Last Name                      First                      Middle                      Former

\_\_\_\_\_  
Address

\_\_\_\_\_  
City    State    Zip

\_\_\_\_\_  
Phone    Email

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Last semester attended or Year

- Undergraduate, Graduate Program or Post Bacc
- Continuing Education
- Northwest Film Center

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

Tell us where you'd like your Transcript(s) sent. Specify the # of transcripts for each address. Please use the space below - please print.

*There is no charge for transcripts*

- Total Number of Transcript Copies
- Official
- Unofficial
  - Currently enrolled student
  - Not currently enrolled
  - Send transcript now
  - Send transcript after grades are posted
  - Send after degree is posted

**Note: Please allow five days for processing**

Print out and complete this form.

Mail it to:  
Pacific Northwest College of Art  
Registration  
511 NW Broadway  
Portland, OR 97209-3404

Fax to:  
971-242-3865