



PERRY  
TECHNICAL  
INSTITUTE

## Transcript Request Form

Date: \_\_\_\_\_

Student ID or Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_  
*Last First Middle Initial (Previous)*

Address \_\_\_\_\_  
 Street City State Zip

Phone \_\_\_\_\_

Program of Study \_\_\_\_\_ Dates of attendance \_\_\_\_\_

Number of copies needed \_\_\_\_\_ Official (\$10) \_\_\_\_\_ Unofficial (\$3)

**CHECK BOXES THAT APPLY:**

Please mail to my address

I will pick-up the transcript on \_\_\_\_\_ (Photo ID Required)  
 (Date)

Please fax a copy to: \_\_\_\_\_ **OFFICIAL TRANSCRIPTS CANNOT BE FAXED.**

**PLEASE MAIL MY TRANSCRIPT TO:**

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

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

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

City : \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Payment must be received prior to processing. Payment can be made over the phone with a credit card, by mail with a check or money order, or in person with check, cash or credit card. Official transcripts can only be sent via mail, and will only be issued to an employer or academic institution.

STUDENT'S SIGNATURE \_\_\_\_\_

Return this form using one of the following options:

**Mail:** Perry Technical Institute  
 2011 W. Washington Ave.  
 Yakima, WA 98903

**Fax:** (509) 453-0375

**In Person:** 7:30 a.m. – 4:30 p.m., Monday through Friday