



Perry Technical Institute

Transcript Request Form

Date: _____

Student ID or Social Security Number _____ Date of Birth: _____

Name _____
Last First MI (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. **All requests will be processed within three business days following receipt of payment.** Payment can be made over the phone with a credit or debit card; by mail with a check or money order; in person with check, cash, credit or debit card. Official transcripts can only be sent by mail or picked up in person. **Transcripts cannot be emailed.**

STUDENT'S SIGNATURE _____

Return this form using one of the following options:

Mail: Perry Technical Institute **Fax:** (509) 453-0375
2011 W. Washington Ave.
Yakima, WA 98903

In Person: 7:30 a.m. – 5:30 p.m., Monday through Friday

Email: please fill, sign (in ink), scan and email to sophiaj@perrytech.edu or jillc@perrytech.edu

Please note that sending information through fax or email is not secure. Do so at your own risk.