

South Sound Christian Schools Tacoma Baptist High School

www.southsoundchristian.org

FOR OFFICE USE ONLY:
DATE SENT:
SENT BY:
Notes (i.e. fee/payment):

REQUEST FOR TRANSCRIPT

As a current student applying to colleges, the Tacoma Baptist Counselor's Office is here to assist you by offering up to 10 free transcripts (additional will be \$3/each). Alumni will be charged \$3 per transcript.

To request a transcript, please submit all necessary information by:

- 1. Filling out the information requested below in full
- 2. Mail, fax or drop off your request plus payment to: Tacoma Baptist High School– Attn: Counselor 2052 S 64th St, Tacoma WA 98409 or 253.471.9949 (fax)
- 3. Contact the Counselor at 253.475.7226 ext. 193 to verify receipt

STUDENT/ALUMNI CONTACT INFORMATION

Student/Alumni Name:	
	ist Name First Name
Maiden Name (if applicable):	
Graduation Year: Pho	one #:
5 business days. If the college/business deadline will no	nderstand that the transcript will be available for pick-up or mailed out within 3- ot allow time for normal Tacoma Baptist processing plus delivery time (3-5 days ne school by phone to discuss options for rush processing.
Submitted by:	Date:
Student/Alumni signature	
Type of Transcript: *Choose one optionOFFICIAL (sealed and unable to view)NON-OFFICIAL .	Information completely Please send to: College/Business Name: Attn:
Additional Info (if applicable):	I will pick up in the High SchoolOffice. Please call when ready.