

Transcript Request Form

Please write clearly. This form will be used to mail your transcripts.

Send transcript(s) to:

| | | |
|---------|-------|-----|
| Name | | |
| Address | | |
| City | State | Zip |

Check appropriate boxes below:

- Official (number of copies _____) @ \$5.00 per copy (up to 10 business days to process)
(number of copies _____) @ \$10.00 per copy for expedited (up to 2 business days to process)
- Unofficial (number of copies _____) No charge:
(or provide a self-addressed, stamped envelope)
- Mail transcript now
- Hold for pick-up
- Send after current quarter grades are posted
- Send after degree is posted
- Send after grade change is recorded
- I graduated from/attended Northwest Institute of Acupuncture and Oriental Medicine (NIAOM)
- I graduated from/attended Seattle Midwifery School

Transcripts requested by:

| | | |
|---------|-------|-----|
| Name | | |
| Address | | |
| City | State | Zip |

Telephone number (____) _____

Email address _____

SSN (last 4 digits)
or Student ID # _____

Other names used _____

*I understand that my official transcript cannot be issued until all holds have been removed and all outstanding bills have been paid to Bastyr University:

Student Signature **Date**

Please send transcript requests to:
Office of the Registrar, Transcript Services ♦ Bastyr University ♦ 14500 Juanita Dr. NE, Kenmore, WA 98028-4966
For inquires or assistance: Phone (425)602-3089 ♦ Fax (425)602-3300 ♦ Email Registrar@bastyr.edu

| | | |
|------------------|--|----------|
| Payment received | | Initials |
| | | |