



Please send an official copy of my transcript to:
 _____ As soon as possible
 _____ At conclusion of current quarter
 _____ Other (*explain*) _____

Bates Technical College
 C/O Transcript Evaluator
 1101 South Yakima Avenue
 Tacoma, WA 98405

Student Information

Please print name used when enrolled in school

_____	_____	_____
Last Name	First Name	Middle
_____	_____	_____
Maiden (or former) Name	SSN#	Birth Date
_____	_____	_____
Student Street Address	City, State	Zip Code
_____	_____	_____
Telephone Number	Dates of Attendance	Date of Request

Student Signature (required)		