



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
Registration@batestech.edu

Student Information

Please print name used when enrolled in school.

_____ Last Name	_____ First Name	_____ Middle Initial
_____ Maiden (or former) Name	_____ SSN#	_____ Date of Birth
_____ Student Street Address	_____ City, State	_____ Zip Code
_____ Phone Number	_____ Dates of Attendance	_____ Today's Date

Student Signature (**required**)