

**Instructions:**

1. Complete this request form.
2. **If you are on campus**, please submit this form and pay the \$15 per copy fee at the Cashier's Office in the Enrollment Services Lobby, Room BE1104.
3. **If you are off campus**, this form can be submitted via mail or fax. If you are paying with a credit or debit card, fill out the Credit Card Payment Form. Checks should be made payable to "Seattle Central College." Please do not send cash or coins.

**Mailing:** Seattle Central College  
 Registration & Records Office  
 1701 Broadway, Room BE1104  
 Seattle, WA 98122

**Fax:** (206) 934-5563

4. Orders will be processed within a week.
5. If you have questions, please contact the Registration Office at (206) 934-6918 or email [credentials.central@seattlecolleges.edu](mailto:credentials.central@seattlecolleges.edu).

<b>EMPLID / SID Number / SSN</b>	<b>Full Name (While in Attendance)</b>	<b>Date</b>
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<b>Phone Number</b>	<b>Email Address</b>
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**Delivery Preference:**

I will pick up my order at the Registration Office's front counter in Room BE1104. Please bring photo identification with you (i.e. student ID card, state ID card, driver's license, passport). Designated Proxy (if unable to pick up personally) \_\_\_\_\_

Mail my order to the address provided below via USPS. Please note that we only issue physical copies. Unfortunately, we do not produce or distribute digital or scanned copies of our awards.

**Recipient (if other than student)**

<b>Street Address</b>	<b>Apartment/Unit (If Applicable)</b>
<b>City</b>	<b>State</b>
	<b>ZIP Code</b>

<b>Campus Attended</b>	Seattle Central College	Seattle Vocational Institute	<input type="checkbox"/>	<b>Phi Theta Kappa Member</b>
<b>Graduation Date</b>	Summer	Fall	Winter	Spring
				<b>Year</b>

**Credential Being Requested**

<input type="checkbox"/> Associate in Arts Degree <input type="checkbox"/> Associate in Science Degree <input type="checkbox"/> Associate in Business Degree <input type="checkbox"/> Associate in Nursing Degree <input type="checkbox"/> High School Diploma**	<input type="checkbox"/> Associate of Applied Science Degree in _____ <input type="checkbox"/> Certificate of Achievement in _____ <input type="checkbox"/> Bachelor of Applied Science Degree in _____
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\*\* If you attended Middle College High School, please contact Seattle Public Schools' Records Office. For GED diplomas/transcripts, please visit <https://www.ged.com>.