

TRANSCRIPT ORDER CONSENT FORM-GRADUATE PROGRAMS

PLEASE READ ALL SECTIONS BEFORE COMPLETING THIS REQUEST

Please print legibly				
Name: Nicholson	Anthory	J. 5		
Last	First	MI	Fo	rmer(s)
Student ID Number or SSN: 443-17-	7380			
Current Address: 1348 Brille Gt. SE	Turnstas		WA	98501
Current Address: 1348 Bridle ct. SE Street Email: Anthonynich 2 Commile	. Com		State	Zip
2a				
Phone: 253~475-4329				
Cell Home		Work		
Electronic Transcripts: \$15 per copy (paid by the	Graduate Admissions De	partment).		
EMAIL TO:				
The Evergreen State College Graduate Admissions Office				
Please allow 1-5 business days for proces	sing. The Evergreen St	ate Collec	e Transcript	consists of posted
evaluations. If you have unposted evaluations, multiple-quarter programs or are expecting revisions to an evaluation, the				
processing time may be longer.	iapio quarter programs or	are expect	ing revisions	to an evaluation, the
processing arriermay be longer.				
*BY SIGNING THIS FORM, I GIVE PERMISSION	FOR THE GRADUATE A	DMISSION	IS OFFICE O	F THE EVERGREEM
STATE COLLEGE TO ORDER MY UNDERGRADUATE TRANSCRIPT FROM EVERGREEN VIA PARCHMENT FOR				
THE PURPOSE OF FULLFILLING MY GRADUATE PROGRAM ADMISSIONS REQUIREMENTS.				
		o ILLU	TEMENIO.	
A 4	14-10 /			11111-
Anthony J. Nicholson	Arthmer			08/16/2024

Registration and Records | Library 1101 | registration@evergreen.edu | 360.867.6180 | 360.867.6680 Fax