



## Request Transcript sent to Bakke Graduate University

To: [your former school] \_\_\_\_\_

Today's Date: \_\_\_\_\_ SSN: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Year of graduation or last course: \_\_\_\_\_ Email: \_\_\_\_\_

Please send a copy of my official transcript to:

Registrar  
**Bakke Graduate University**  
1013 8<sup>th</sup> Ave., Suite 401  
Seattle, WA 98104  
Or fax to (206) 264-8828

\_\_\_\_\_  
(Your signature)