

## Transcript Request Form

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**Check appropriate boxes below:**

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- I graduated from/attended Northwest Institute of Acupuncture and Oriental Medicine (NIAOM)
- I graduated from/attended Seattle Midwifery School

Transcripts requested by:

Name		
Address		
City	State	Zip

Telephone number (\_\_\_\_) \_\_\_\_\_

Email address \_\_\_\_\_

SSN (last 4 digits)  
or Student ID # \_\_\_\_\_

Other names used \_\_\_\_\_

Date last attended \_\_\_\_\_

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

Please send transcript requests to:

Office of the Registrar, Transcript Services ♦ Bastyr University ♦ 14500 Juanita Dr. NE, Kenmore, WA 98028-4966  
For inquires or assistance: Phone (425)602-3350 ♦ Fax (425)602-3300 ♦ Email [Registrar@bastyr.edu](mailto:Registrar@bastyr.edu)

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