

REQUEST FOR TRANSCRIPT OF RECORDS
SPECIAL GRADUATE PROGRAMS *(includes special workshops)*

NOTE: 1.The transcript fee is \$5.00 per copy. Transcripts will not be released if there is a financial obligation to Walsh University.
 2.A separate request must be completed for each institution or individual to receive a transcript.

LAST NAME	FIRST NAME	MIDDLE INITIAL	If this transcript request is not for the current semester / year, please specify the last semester / year attended: Semester _____ Year _____
STREET ADDRESS			
CITY	STATE	ZIP	If this transcript is for the current semester / year, check the session enrolled. Transcripts will be mailed after the current semester. If you are enrolled in multiple sessions, transcripts will be mailed after the last completed semester.
SOCIAL SECURITY NUMBER		DATE OF BIRTH	
DAYTIME TELEPHONE	RESIDENCE TELEPHONE		
SIGNATURE (Mandatory for release of transcript:Public Law 93.579, Privacy Act 1974)			<p>SESSION DATE MAILED</p> <input type="checkbox"/> Spring I (Jan 1-Feb 1).....March 15 <input type="checkbox"/> Spring II (Feb 2-Mar 2).....April 15 <input type="checkbox"/> Spring III (Mar 3-May 31).....June 15 <input type="checkbox"/> Summer I (June 1-30).....August 1 <input type="checkbox"/> Summer II (July 1-31).....September 1 <input type="checkbox"/> Summer III (Aug 1-31).....October 1 <input type="checkbox"/> Fall I (Sept 1-Nov 30).....January 15

Student is responsible for mailing address. (Transcripts sent to the student will be stamped "ISSUED TO STUDENT")
Please print clearly.

	NOTE: Window envelopes are used. Transcript to be sent to the address you have furnished.
	Transcript requests are normally processed within one week after all grade reports are officially issued by the University.