WALSH UNIVERSITY

OFFICIAL TRANSCRIPT RECORD

OFFICE OF THE REGISTRAR • 2020 East Maple St., North Canton, Ohio 44720-3336
Phone: 330-490-7367 • Fax: 330-490-7372

For office use only

Date Received

Date Mailed

NOTE:

1. **This form may be faxed or mailed. Your transcripts will not be released if you have a financial obligation to Walsh University.**
2. **Complete a separate request for each institution or person to receive a transcript.**
3. **No charge for official transcripts.**

Student SSN/ID Number: ___ — ___ — ___

First Name Middle Initial Last Name

Previous Name(s) *(if applicable)*

Street Address

Date of Birth

City State ZIP

Phone Number

Currently enrolled at Walsh University ☐ Yes ☐ No

Dates attended: Year First Attended Year Last Attended

Type of form requested: ☐ Graduate ☐ Undergraduate ☐ Both

NORMAL PROCESSING TIME - 72 HOURS

☐ **Pick up** – picture ID required
Number of official copies needed ____

☐ **Mail to address listed below**
Number of official copies needed ____

SPECIAL PROCESSING INSTRUCTIONS

☐ **HOLD** For current term grades _____ Term

☐ Place transcript in a **signed and sealed envelope**

☐ **HOLD** until degree is conferred
Degree Month/ Year

PLEASE SIGN HERE. Your transcript cannot be released/mailed without your signature.
I affirm that I am the above-named student. In compliance with FERPA, I hereby give my written consent and authorize Walsh University to release my academic record as indicated.

Student's Signature _____ Date _____
(Mandatory for release of transcript: Public Law 93-579, Privacy Act of 1974)

You are responsible for the address.

Mailing Address- *Limit of four lines for mailing address*

Transcript to be sent to this address

NOTE: Window envelopes are used.
Transcript requests are normally processed in 72 hours. The largest number of requests comes at the ends of academic terms. If you order transcripts at those times, please allow at least one to two weeks for processing.