

## TRANSCRIPT REQUEST FORM

Office of the Registrar • 2020 East Maple St., North Canton, Ohio 44720-3336 Phone: 330-490-7367 • Fax: 330-490-7372

4 7TI . C . 1 C .	m . 1 1/ m . 1	FOR OFFIC	LE USE ONLY
	unofficial and/or official transcripts.	Date Received	Date mailed
2. This form may be faxed or maile			
	ased if you have a financial obligation.		
	each institution or person to receive a tra	anscript.	
5. There is a \$15 charge for official	transcripts for all students.		
SOCIAL SECURITY NUMBER/ID NUMBE	er		
FIRST:	MIDDLE:LAST	·:	
Previous name(s) if applicable:			
HOME ADDRESS:			
CITY:	STATE:	ZIP:	
PHONE: ( )	DATE OF BIRTH:		
Currently enrolled at Walsh University:	YES NO Date attended: Year First Atte	endedYear Las	t Attended
Type of transcript requested:  Official		Undergraduate	Both
Type of transcript requested.	Treated Treate		
NORMAL PROCESSING TIME – 72 H	IOURS SPECIAL PROC	<b>ESSING INSTRUCTIO</b>	NS
Di Bishaman a a a a a		<i>T</i>	
Pick up – picture ID required	Hold – for current term grades.	lerm	
Number of official copies needed	Trace transcript in Signed and		
Mail to address below	sealed envelope		
Number of official copies needed	— Hold until degree is conferred M	Month/Year	
	Degree		
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Laffirm that Lam the above named student. In com-	cannot be released/mailed without your spliance with FERPA, I herby give my written consent and aut	ignature.	2252
my academic record as indicated.	phanice with 1 Extra, 1 herby give my written consent and aut	notize waish Oniversity to rec	lasc
Student's Signature (Mandatory for release of transcript: Public Law 93-5	570 D.:	Date	
(Mandatory for release of transcript: Public Law 93-	5/9, Privacy Act of 19/4)		
You are responsible for the addres	ee		
Mailing address- Limit of four lines for m			
Trianing address Emili of four fines for in			
		IPT TO BE SENT TO 1	
		ndow envelopes are used. T	
		processed in 72 hours. The	
	requests cor	me at the end of the acad	emic term. If you

order transcripts at this time, please allow at least one

to two weeks for processing.