



COMMUNICATE INSTITUTE Transcript Request Form

Office of the Registrar • 2020 East Maple St., North Canton, Ohio 44720-3336
Phone: 330-490-7222 • Fax: 330-490-7372

Date Received _____ Fee Paid _____ Date Mailed _____ (FOR OFFICE USE ONLY)

- NOTE:** 1. The transcript fee is \$5.00 per copy.
 2. Your transcript request will be processed twenty-eight (28) days after the last class meeting of the registered course.
 3. Student is responsible for mailing addresses. Please print clearly. (Transcripts sent to the student will be in separately sealed envelopes.)

SOCIAL SECURITY NUMBER/ID NUMBER IS REQUIRED

— —

FIRST: _____ MIDDLE: _____ LAST: _____

Previous name(s) if applicable: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: () _____ DATE OF BIRTH: _____

IF FAXING PLEASE INCLUDE CREDIT CARD NUMBER _____ EXP. DATE _____

*** MAKE CHECKS PAYABLE TO WALSH UNIVERSITY ***

TRANSCRIPT TIMING AND RELEASE

A transcript is a FULL, running record of ALL classes you have taken with a college/university. This section is to make sure we do not send a transcript until your record is fully updated with all of the most recent grades and credits you have earned.

IF your **MOST RECENT CLASS(ES)** with Walsh/Communicate Institute finished over **28 days ago**, from the date you are making this transcript request, check this box, and your request will be fulfilled within 48 hours

IF your **MOST RECENT CLASS(ES)** with Walsh/Communicate was **about or inside of 28 days ago**, from the date you are making this transcript request – check this box Walsh will wait to produce your transcript until all grade(s) have posted.

Please provide the following information:

END DATE ___/___/___ & CATALOG# EDT# —

(The catalog # starts with EDT, has a number in the 6,000's and finishes with a section letter at the end of it.

It was given at the beginning and end of your class or visit communicateinstitute.com and click on the 'Transcript' tab.)

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)

Additional transcripts to be sent: (Please print names and addresses below) If one transcript is for student, write **SELF** in Recipient 1. Continue with name/addresses for additional recipients

Recipient 1 _____ Recipient 2 _____ Recipient 3 _____

Address _____ Address _____ Address _____

City _____ City _____ City _____

State _____ zip _____ State _____ zip _____ State _____ zip _____