

# Transcript Request

**Mail or fax request to:** Registrar's Office, Whitman College, 345 Boyer Ave, Walla Walla, WA 99362; Fax: 509-522-4431  
**Email signed request to:** registrar@whitman.edu

For electronic official transcripts, please order through: <https://www.parchment.com/u/registration/33021/institution>

<b>Student Information</b>	
Full Name: _____	WID or last 4 of SS#: _____
Other name(s) used: _____	Date of Birth: _____
Email address: _____	Daytime phone: _____
Dates of Attendance: _____	Grad Date (e.g., 5/23) _____
Current Address: _____	
City, State, Zip: _____	

<b>Transcript Information</b>	
<b>Number of transcripts requested:</b> _____	
<b>Purpose of Transcript (Grad school, employment, etc):</b> _____ _____	<b>Check one of the following delivery options:</b> <input type="checkbox"/> Send transcript at this time <input type="checkbox"/> Hold for pick-up <input type="checkbox"/> Send transcript after grades for this term are recorded <input type="checkbox"/> Send unofficial PDF to the following email address: _____
<b>Send transcripts to:</b>	
Name of Institution/Recipient: _____	
Address line 1: _____	
Address line 2: _____	
City, State, Zip, and Country if other than US: _____	
Name of Institution/Recipient: _____	
Address line 1: _____	
Address line 2: _____	
City, State, Zip, and Country if other than US: _____	
<i>If transcripts are to be sent to additional locations, attach a separate sheet of paper with the complete address(es).</i>	

<b>Signature</b>	
<i>I authorize the release of my transcripts to the above named person(s) or institution(s).</i>	
Signature: _____	Date: _____