

Transcript Request

Mail or fax request to: Registrar's Office, Whitman College, Walla Walla, WA 99362; Fax: 509-522-4431

Email signed request to: registrar@whitman.edu

Student Information
Full Name: _____ WID or SS#: _____
Other name(s) used: _____ Date of Birth: _____
Email address: _____ Daytime phone: _____
Dates of Attendance: _____ Grad Date: _____
Current Address: _____
City, State, Zip: _____

Transcript Information	
Number of transcripts requested: _____	Check one of the following delivery options:
Purpose of Transcript (Grad school, employment, etc): _____ _____	<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: _____
Send transcripts to:	
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>	
Signature	
<i>I authorize the release of my transcripts to the above named person(s) or institution(s).</i>	
Signature: _____	Date: _____