

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://tsorder.studentclearinghouse.org/school/select>

Student Information
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: _____
Transcript Information
Number of transcripts requested: _____
Purpose of Transcript (Grad school, employment, etc): _____ _____
Check one of the following delivery options:
<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: _____