

## TRANSCRIPT RELEASE FORM

### STUDENT INFORMATION

(All student information must be complete to process.)

LAST NAME	FIRST NAME	MIDDLE
NAME ON TRANSCRIPT (IF DIFFERENT FROM ABOVE)	DATE OF BIRTH	SOCIAL SECURITY NUMBER/STUDENT ID
ADDRESS		
CITY	STATE/PROVINCE	ZIP/POSTAL CODE COUNTRY
E-MAIL ADDRESS	HOME PHONE	MOBILE PHONE

### PREVIOUS INSTITUTION ATTENDED

SCHOOL NAME	CAMPUS ATTENDED (IF APPLICABLE)
CITY	STATE / PROVINCE COUNTRY
FIRST DATE OF ATTENDANCE	LAST MONTH AND YEAR ENROLLED DEGREE(S) AWARDED (IF APPLICABLE)

I authorize Walden University ([www.waldenu.edu](http://www.waldenu.edu)) to request and receive a copy of my college/university transcript directly through the college/university and/or Parchment Services or other 3<sup>rd</sup> party transcript retrieval service. I understand that it is ultimately my responsibility to obtain transcripts, particularly if a university I attend does not respond to a request from Walden.

SIGNATURE	DATE
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