

## TRANSCRIPT RELEASE FORM

### STUDENT INFORMATION

(All student information must be complete to process.)

<hr/>			
Last Name	First Name	Middle	
<hr/>			
Name on Transcript (if different from above)	Date of Birth	Social Security Number/Student ID	
<hr/>			
Address			
<hr/>			
City	State/Province	ZIP/Postal Code	Country
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E-mail Address	Home Phone	Mobile Phone	

### PREVIOUS INSTITUTION ATTENDED

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School Name	Campus Attended (if applicable)	
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City	State/Province	Country
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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