



OFFICE OF THE REGISTRAR  
 3606 West End Avenue  
 Nashville, TN 37205  
 Tel 615-844-5000  
 Fax 615-844-5004

**RELEASE OF INFORMATION**

**PERSONAL INFORMATION**

\*Indicates required field

\*Name \_\_\_\_\_  
   Last  First  Middle  Maiden

\*SSN Last Four Digits \_\_\_\_\_ Welch Student ID# (if known) \_\_\_\_\_

\*Date of Birth \_\_\_\_\_ \*E-Mail \_\_\_\_\_

\*Cell Phone \_\_\_\_\_ \*Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

\*Currently enrolled:     Yes     No                    If "No": last date attend \_\_\_\_\_ or graduated \_\_\_\_\_

**\*HOME ADDRESS:**

**\*Check the item(s) you are authorizing us to release:**

Address		
City	State	Zip

- Transcript:
  - Official (standard): \$5 per copy
  - Unofficial
- Enrollment verification
- Degree earned, dates attended/graduated, G.P.A.
- Letter of good standing
- Other \_\_\_\_\_

**\*SEND INFORMATION TO:**

1. _____ Institution		
Department / Attn:		
Address		
Address		
City	State	Zip

2. _____ Institution		
Department / Attn:		
Address		
Address		
City	State	Zip

Special Instructions/additional notes: _____ _____ _____
--

\*Your Signature: \_\_\_\_\_ \*Date: \_\_\_\_\_

NOTE: This form requires Student's signature, on original or facsimile.

**For Office Use Only:**

Date Request Received: \_\_\_\_\_

Date Sent: \_\_\_\_\_

Transcript Fee: Amount Paid: \$ \_\_\_\_\_