WELCH COLLEGE

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 attended _____ or graduated _____

*HOME ADDRESS:

_____
Address

_____
City State Zip

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

- ☐ 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. All transcript payments are nonrefundable. If an individual has a hold (e.g., financial), Welch College cannot release his/her transcript until that hold is cleared. If an individual has a question about this, he/she should contact the Registrar's Office.

For Office Use Only:
Date Request Received: _____
Date Sent: _____
Transcript Fee: Amount Paid: $ _____