



OFFICE OF THE REGISTRAR
 1045 Bison Trail
 Gallatin, TN 37066
 Tel 615.675.5255
 Fax 615-296-0400

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:**

***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. _____ <div style="text-align: center;">Institution</div> _____ <div style="text-align: center;">Department / Attn:</div> _____ <div style="text-align: center;">Address</div> _____ <div style="text-align: center;">Address</div> _____ <div style="display: flex; justify-content: space-between;"> City State Zip </div>	2. _____ <div style="text-align: center;">Institution</div> _____ <div style="text-align: center;">Department / Attn:</div> _____ <div style="text-align: center;">Address</div> _____ <div style="text-align: center;">Address</div> _____ <div style="display: flex; justify-content: space-between;"> City State Zip </div>
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Special Instructions/additional notes: _____

*Your Signature: _____ *Date: _____

For Office Use Only:

 Date Request Received: _____
 Date Sent: _____
 Transcript Fee: Amount Paid: \$ _____

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.