



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

RELEASE OF INFORMATION

PERSONAL INFORMATION

Name _____
 Last First Middle Maiden

Social Security Last Four Digits _____ Welch College Student ID# _____

Date of Birth _____ Home Phone _____ Work Phone _____

E-mail _____ Cell Phone _____

Currently enrolled: Yes No If "No" last date attended or graduated _____

SEND INFORMATION TO:

1. _____ Institution _____ Contact _____ Address _____ Address _____ City State Zip	2. _____ Institution _____ Contact _____ Address _____ Address _____ City State Zip
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HOME ADDRESS (REQUIRED)

 Address

 City State Zip

Check the item(s) you authorize us to release

- Transcript (Include \$5 per copy)
- Letter of good standing
- Dates attended / graduated
- Grade Point Average
- Degree earned
- Enrollment verification
- Other: _____

Special Instructions: _____

Your Signature: _____ Date _____

NOTE: This form requires Students signature, on original or facsimile.

For Office Use Only:

Date Request Received: _____
 Date Sent: _____
 Transcript Fee Paid \$ _____ (amount)