



Transcript Request

I, _____ *authorize Adler Graduate School to*
(Print full name)

release a copy of my academic transcript to:

Name/Organization _____

Address _____
(street) (city) (zip)

***Type of transcript to be mailed: Official Unofficial**

Do you need proof of client contact hours (Field Experience) sent with the transcript? **Yes No**

Name while at Adler _____
(first) (middle) (last)

Graduation date or year attended _____

Signature _____ **Date** _____ **Ph#** _____

=====

Payment (Credit Card or check): Official: \$10/each Unofficial: No charge

Name _____ Card # _____

Exp date _____ Sec code _____ Zip code _____

***Be sure to allow enough time for processing & mail delivery. We are unable to send transcripts electronically. If you would like to pick up your transcript, please call or email to arrange a time. Thank you!**

Mail: Adler Graduate School
ATTN: Registrar
10225 Yellow Circle Dr
Minnetonka MN 55343

Email request to:
registrar@alfredadler.edu
612-767-7064
Fax: 612-767-7082