

**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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Ph#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*A transcript cannot be released without an actual signature.**

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**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!**

**Email request to:**

**registrar@alfredadler.edu**

**612-767-7064**

Mail: Adler Graduate School

 ATTN: Registrar

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 Minnetonka MN 55343