



---

## OFFICIAL TRANSCRIPT REQUEST FORM

---

STUDENT NAME: FORMER NAME: CURRENT ADDRESS: STUDENT EMAIL: SOCIAL SECURITY#  PHONE NUMBER: EMAIL ADDRESS: DATES ATTENDED: FROM :  TO : MAJOR/DEGREE: ☐ CULINARY ARTS ☐ PASTRY ARTS☐ HOTEL MANAGEMENT ☐ RESTAURANT MANAGEMENT

MAIL TO: **ATTN: REGISTRAR**  
**WALNUT HILL COLLEGE**  
**4207 WALNUT STREET, PHILADELPHIA 19104**

---

**PLEASE FORWARD AN OFFICIAL TRANSCRIPT TO THE ADDRESS INDICATED BELOW:**

NAME ADDRESS 

---

*Please note that there is a service fee of \$15.00 for each transcript request, payable by check or money order or on our Online Store. Upon receipt, an original transcript will be mailed within 15 days to the address listed above. checks are to be made payable to: WALNUT HILL COLLEGE*

STUDENT SIGNATURE  PRINTED NAME  DATE