

Transcript Request

I, _____ authorize Adler Graduate School to release an
(first) (last)

_____ Official _____ Unofficial copy of my academic transcript to: _____ Me _____ Other*
(\$10.00) (free)

Name/Institution: _____

Address: _____

**Is this for a licensure application? Y/N If yes, what license? _____

*Do you need proof of Adler Field Experience hours sent with the transcript? Y/N

Your full name while at Adler: _____
(first) (middle) (last)

Program: _____ Dates attended _____ - _____ Email _____
(mo/dd/yr)

Signature _____ Date _____

Payment

(Check or Credit Card)

Check enclosed? Y/N **Official= \$10/ea.** **Unofficial=Free of Charge**

Name on Credit Card _____ Zip Code _____

Card# _____ Exp. _____ Security code _____
(mo/yr)

****Please allow 5-15 business days for processing****

Mail:

Adler Graduate School
1550 E. 78th St.
Richfield MN 55423

Email:

Jill.Poeschl@alfredadler.edu
Ph: 612.767.7091
fax: 612.861.7082