

Transcript Request

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

(circle one) **Official** **Unofficial** copy of my academic transcript to: (circle one) **Me** **Other***

(Please complete a form for each request.)

Name/Institution: _____

Address: _____
(street) (city) (zip)

*Is this for a licensure application? Yes No If yes, what license? _____

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

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

Program: _____ Years attended _____ - _____ Email _____

Signature _____ **Date** _____

Payment Check or Credit Card: Official = \$10/ea. Unofficial=Free of Charge

Name on Credit Card _____ Zip Code _____

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

~Please allow 5-10 business days for processing~

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