

Earlham College
Transcript Request Form

Name _____

Address _____

City, State, Zip _____

Phone _____ E-Mail _____

Date of Birth _____ Are you currently enrolled at Earlham? Yes___ No___

(Circle one please) Earlham College M.A.T. Program

 M.Ed. Program Professional Development Program

Years Attended Earlham (1998-2000, i.e.) _____

Legal Name When Enrolled at Earlham _____

Number of Transcripts Requested _____ Date of Request _____

Addresses to Forward Transcripts (i.e. Name of College, University, Employer)

(1)
Name _____

Address _____

City, State, Zip _____

(2)
Name _____

Address _____

City, State, Zip _____

Signature _____ Date _____

Please note:

- This request will not be honored without the requested information and signature.
- Print this form and fax to 765/983-1374.
- Mail a check — payable to Earlham College — to Registrar's Office, Drawer 34, Earlham College, 801 National Road West, Richmond, IN 47374-4095.