



OFFICIAL TRANSCRIPT REQUEST

Name: _____

Former Name: _____

Current Address: _____

Telephone Number: _____

Social Security No: _____

Mail to: Registrar
The Restaurant School at Walnut Hill College
4207 Walnut Street, Philadelphia, PA 19104

Dates Attended: From: _____ To: _____

Major: Culinary Arts _____
Pastry Arts _____
Restaurant Management _____
Hotel Management _____

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

Signature: _____

Date: _____

The charge for this service is \$5.00, payable by check or money order only. Upon receipt, an original transcript will be mailed within 15 days to the address listed above. Check are to be made payable to: *The Restaurant School at Walnut Hill College