

OFFICIAL TRANSCRIPT REQUEST

Name: _____

Former Name: _____

Current Address: _____

Telephone Number: _____

Social Security No: _____

School Name: The Restaurant School @ Walnut Hill College
Address: 4207 Walnut Street
Philadelphia, PA 19104
Attn: Joel Natale / Registrar

Dates Attended: From: _____ To: _____

Major: Culinary Arts: _____

Pastry Arts: _____

Hotel Management: _____

Restaurant 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.
This will send an original copy of the transcript to the address listed above.
Checks are to be made payable to:
The Restaurant School at Walnut Hill College