



Women's Institute of Torah Seminary

MAALOT BALTIMORE

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REQUEST FOR WITS TRANSCRIPT

- Complete **ALL** sections of this form. **Please print clearly.**
- Fee is payable by **CASH** or **CHECK**. Fee must accompany this form.
- Requests will not be processed if there is a tuition balance with any MAALOT/Neve Yerushalayim Institution.

Student Last Name	Student First Name	Student Maiden Name
Today's Date	Date of Birth (Ex.: January 01, 1990)	Social Security Number (last four digits only)
Email Address	Cell Number	Telephone Number

TRANSCRIPT FEES:

P/U or ST	Pick-Up or Standard:	\$5 per transcript
OV	Overnight (within the United States):	\$30 per transcript
	Student (unofficial) transcripts:	No Charge

ADDRESS OF PARTY TO WHOM OFFICIAL TRANSCRIPT SHOULD BE SENT.

DATE DUE P/U ST OV

Graduate Field of Study (Speech, OT, Nursing, etc.): _____

Name of School: _____

Attention: _____

Address: _____

City/State/Zip: _____

• Courses for which MAALOT does not have external transcripts (i.e., CCBC, TI, CLEPs, etc.) will not be included on the official transcript.

• Transcript requests must be submitted at least three weeks prior to the application due date. If a request is submitted after this deadline, there is no guarantee that the transcript will arrive before the application due date.

Student Signature: _____

FOR OFFICE USE ONLY:	Amount Paid: _____	Date Issued: _____	<input type="checkbox"/> P/U	<input type="checkbox"/> ST	<input type="checkbox"/> OV
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