

# Women's Institute of Torah Seminary/MAALOT Baltimore



6602 Park Heights Avenue • Baltimore, Maryland 21215  
 T 410-358-3144 • F 866-990-1983  
 info@wits.edu • www.wits.edu

## REQUEST FOR MAALOT EDUCATIONAL NETWORK TRANSCRIPT

- Complete **ALL** sections of this form. **Please print clearly.**
- **NO** transcript will be issued unless this form is filled out legibly and is accompanied by payment.
- Fee is payable by **CASH, CHECK** or **CREDIT CARD**.
- Requests will not be processed if there is a tuition balance with any MAALOT/Neve Yerushalayim Institution.

Student Last Name	Student Legal Name	Named Called By	Student Maiden Name
Today's Date	Date of Birth (Example: January 01, 1990)	Social Security Number (last 4 digits only)	
Email Address	Cell Number	Telephone Number	

CHECK HERE IF YOU WOULD LIKE TO USE MARRIED NAME ON TRANSCRIPT.

### TRANSCRIPT FEES:

P/U or ST	Pick-Up or Standard (Mail or E-script):	\$15 for 1st transcript	\$8 for each additional transcript requested <b>on this form.</b>
OV	Overnight (within the United States):	\$45 for 1st transcript	\$40 for each additional transcript requested <b>on this form.</b>
	Student (unofficial) transcripts:	No Charge	

### ADDRESS OF PARTY/PARTIES TO WHOM OFFICIAL TRANSCRIPT SHOULD BE SENT:

Print clearly.

	<u>DATE DUE</u>	<u>P/U</u>	<u>ST</u>	<u>OV</u>
1. _____ _____ _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____ _____ _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____ _____ _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

By submitting this form, the student accepts that the transcript sent will reflect the student's record on the Neve database [www.nevey.org/zaidner](http://www.nevey.org/zaidner). Before requesting a transcript, students are encouraged to check their records on this database. The student password is the last four digits of the student Social Security Number.

Student Signature: \_\_\_\_\_

<b>FOR OFFICE USE ONLY:</b>	1. Amount Paid: _____	Date Issued: _____	<input type="checkbox"/> E-Script	<input type="checkbox"/> P/U	<input type="checkbox"/> ST	<input type="checkbox"/> OV	<input type="checkbox"/> MEN-I	<input type="checkbox"/> MEN-B
	2. Amount Paid: _____	Date Issued: _____	<input type="checkbox"/> E-Script	<input type="checkbox"/> P/U	<input type="checkbox"/> ST	<input type="checkbox"/> OV	<input type="checkbox"/> MEN-I	<input type="checkbox"/> MEN-B
	3. Amount Paid: _____	Date Issued: _____	<input type="checkbox"/> E-Script	<input type="checkbox"/> P/U	<input type="checkbox"/> ST	<input type="checkbox"/> OV	<input type="checkbox"/> MEN-I	<input type="checkbox"/> MEN-B