



Transcript Request Service Form

Waldorf College will request official transcripts from public high schools, colleges and universities you previously attended. Graduation Equivalency Diploma (GED) official score reports/transcripts can also be requested. Please complete this form, sign, and fax along with completed Request for Official Transcript Form and a copy of photo ID to 251.224.0573, email to WAL-Transcripts@waldorf.edu, or email to the address listed below.

Please note: Some institutions may require the student to obtain transcripts directly. If this is the case, we will notify you via the email you provided below. **Waldorf College cannot order copies or officials of: CLEP scores, international transcripts, professional training and CEU's, and some military transcripts. **In addition, Waldorf College is unable to order transcripts from institutions at which there is a hold. **Your signature on this form is required to process this request. Please print and fill in all information.**

Student Information				
Name:	First:	MI:	Last:	
Address Line 1:				
	City:		State:	Zip:
Email:				
Day Phone:				
Institutions Attended				
Please list the name of the institution of transcripts to be ordered by Waldorf in the space below.				
Institution Name (Please do not abbreviate)	High School Requirement (if requested)	City and State	Dates of Attendance	Requested
	<input type="checkbox"/>			<input type="checkbox"/> Waldorf
	<input type="checkbox"/>			<input type="checkbox"/> Waldorf
	<input type="checkbox"/>			<input type="checkbox"/> Waldorf
	<input type="checkbox"/>			<input type="checkbox"/> Waldorf
	<input type="checkbox"/>			<input type="checkbox"/> Waldorf
Student's Signature: (required)				
			Date:	

Revised 1/22/15

Fax or Mail this form along with the signed Request for Official Transcript Form

Request for Official Transcript Form

Records Office:

Please mail one official transcript along with a copy of this form to:

Waldorf College
P.O. Box 3269
Orange Beach, AL 36561-7110

Electronic submission of official transcripts from sending institutions should be emailed to WAL-Transcripts@waldorf.edu

STUDENT INFORMATION

Name	First:	MI:	Last:
Previous Name(s)			
Address Line 1			
Address Line 2			
	City:	State:	Zip:
Social Security # *			Birth Date:
E-Mail			Day Phone:

* Social Security Number is required to assist institution in locating the proper student's transcript.

TRANSCRIPT RELEASE AUTHORIZATION

By signing this form, I am authorizing you to send my official transcript to Waldorf College. I am also authorizing Waldorf to mail/fax this Transcript Request Form to you and pay the transcript fee on my behalf.

Student's Signature (Required):		Date:	
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Revised 1/22/15

Records Office:
Please contact the Transcript Records Office at Waldorf if you are unable to process this request.
Waldorf College
877.267.2157
Email: WAL-onlineadmissions@waldorf.edu