



Waldorf University must have an original signature to process this request. Students should print the form, complete, sign and return by fax or mail to the address listed at the top of this form. Official transcripts must be on file for any transferred courses or they will not be included on the official transcript issued by Waldorf University. The transcript will be sent as a sealed Official Transcript to the institution or person indicated on this form. An unofficial transcript may be faxed if indicated on the request form.

STUDENT INFORMATION			
Name	First :	MI:	Last :
Address Line 1			
Address Line 2			
City :		State:	Zip :
Student ID:		E -Mail :	
Day Phone		Birth Date :	
ATTENDANCE			
<input type="checkbox"/> Currently Enrolled Student		Year First Attended:	
Degree(s) or Certification Awarded (List below)		Year Last Attended:	
Date Graduated:			
PAYMENT INFORMATION			
1. Financial obligations to Waldorf University must be cleared before transcript can be released.			
2. The first three transcripts are free. After three free copies, the fee is \$5.00 for a transcript and \$2.00 for each additional ordered at the same time.			
3. If using credit card, billing address must be submitted below in order to process payment.			
Payment Method:	<input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check		
Card Number:		Exp. Date:	
Name on card:			
Billing address:			
City :		State:	Zip:
MAIL TRANSCRIPT TO NAME AND ADDRESS BELOW			
If transcripts are to be sent to more than one address, please list names and addresses of recipients on a separate sheet and attach to this form.			
Institution / Student Name:			
Address Line 1:			
Address Line 2:			
Address Line 3:			
City :		State:	Zip:
Student's Signature:			Date: