PERMISSION FOR WALDORF UNIVERSITY TO REQUEST TRANSCRIPTS/EDUCATION RECORDS

STUDENT INFORMATION

NAME: (First) _____ (Middle) _____ (Last) _____

PREVIOUS NAME (if applicable): _____

E-MAIL: _____ DATE OF BIRTH: _____ | _____ | _____

PHONE: _____ SOCIAL SECURITY NUMBER: _____ | _____ | _____

FOR INTERNAL USE ONLY	**REQUEST FOR OFFICIAL TRANSCRIPT**
	Please mail one official transcript to: Waldorf University Online Admissions 106 s. 6th. St. Forest City, IA 50436 eScripts can be emailed to transcripts@waldorf.edu

TRANSCRIPT RELEASE AUTHORIZATION

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

STUDENT'S SIGNATURE: _____ DATE: _____ | _____ | _____

Required Student Signature for Release of Transcripts

CONFIDENTIAL

The information in this document is protected by the rules and regulations of the Family Educational Rights and Privacy Act (**FERPA**). Please allow only authorized personnel of your institution to view and process this information.

HIGH SCHOOL/GED INFORMATION *(Please type or print legibly)*

SELECT ONE: High School   GED   GRADUATION MONTH AND YEAR: _____ LAST NAME WHEN ATTENDED: _____

NAME OF HIGH SCHOOL/TESTING CENTER: _____ CITY: _____ STATE: _____

MILITARY INFORMATION

SELECT MILITARY BRANCH IF APPLICABLE: Air Force   Army   Coast Guard   Marine   Navy

REQUEST MILITARY TRANSCRIPT   Yes   No   DATES ENLISTED: _____ TO: _____

INSTITUTIONAL INFORMATION

SCHOOL NAME (No abbreviations): _____ ONLINE: Yes   No

CITY: _____ STATE: _____ DATES ATTENDED: _____ TO: _____

LAST NAME WHEN ATTENDED: _____ DEGREE EARNED: _____ CREDITS EARNED: _____

SCHOOL NAME (No abbreviations): _____ ONLINE: Yes   No

CITY: _____ STATE: _____ DATES ATTENDED: _____ TO: _____

LAST NAME WHEN ATTENDED: _____ DEGREE EARNED: _____ CREDITS EARNED: _____

SCHOOL NAME (No abbreviations): _____ ONLINE: Yes   No

CITY: _____ STATE: _____ DATES ATTENDED: _____ TO: _____

LAST NAME WHEN ATTENDED: _____ DEGREE EARNED: _____ CREDITS EARNED: _____