



TRANSCRIPT REQUEST SERVICE AND RELEASE FORMS

P.O. Box 3269 • Orange Beach, AL 36561 • Phone 877.267.2157 • Fax 251.224.0573
Waldorf.edu • transcripts@waldorf.edu

PERMISSION FOR WALDORF UNIVERSITY TO REQUEST TRANSCRIPTS/EDUCATION RECORDS

Waldorf University will request official transcripts from institutions you previously attended. Please fill out the fields below and on **page 2** of this document. Please be sure to list all previously attended institutions including location and dates of attendance (approximate years).

Please upload both pages of this form, along with a **color-copy photo ID (no military IDs)** to the myWaldorf Portal. You may also fax to 251.224.0573, email to transcripts@waldorf.edu, or mail to: P.O. Box 3269, Orange Beach, AL 36561-7110.

IMPORTANT

- 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 University cannot order either copies or originals of: CLEP scores, international transcripts, professional training and CEUs, some military transcripts, or transcripts from an institution at which there is a hold.
- Students using either Federal Student Aid (FSA) or Veterans Affairs (VA) Benefits are required to list all previously attended post-secondary institutions.

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

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

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

SELECT ONE: High School GED DATES ATTENDED: _____ TO: _____

NAME OF HIGH SCHOOL/TESTING CENTER: _____

CITY: _____ STATE: _____ DATE EARNED DIPLOMA/GED: _____

MILITARY INFORMATION (Please type or print legibly)

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

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

INSTITUTIONAL INFORMATION (Please type or print legibly)

1 SCHOOL NAME: _____ ONLINE: Yes No

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

DEGREE EARNED: _____ CREDITS EARNED: _____

2 SCHOOL NAME: _____ ONLINE: Yes No

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

DEGREE EARNED: _____ CREDITS EARNED: _____

3 SCHOOL NAME: _____ ONLINE: Yes No

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

DEGREE EARNED: _____ CREDITS EARNED: _____

4 SCHOOL NAME: _____ ONLINE: Yes No

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

DEGREE EARNED: _____ CREDITS EARNED: _____

5 SCHOOL NAME: _____ ONLINE: Yes No

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

DEGREE EARNED: _____ CREDITS EARNED: _____



OFFICIAL TRANSCRIPT REQUEST AND RELEASE AUTHORIZATION

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Waldorf.edu • transcripts@waldorf.edu

REQUEST FOR OFFICIAL TRANSCRIPT

RECORDS OFFICE:

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

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

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

ADDITIONAL INFORMATION

FOR INTERNAL USE ONLY

STUDENT INFORMATION

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

NAME WHILE ATTENDING SCHOOLS: _____

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

HOME PHONE: _____ SOCIAL SECURITY NUMBER*: _____ | _____ | _____

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

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 (e-signature not accepted): _____ DATE: _____ | _____ | _____

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.