

BALDWIN WALLACE UNIVERSITY

Request for Official Transcript



Mail this form to each school previously attended so that Baldwin Wallace University will receive an official copy of your transcript mailed directly from that institution. This form is designed for your convenience. Please make additional copies as needed.

Dear Principal or Registrar of:

(HIGH SCHOOL OR COLLEGE FROM WHICH TRANSCRIPT IS REQUESTED)

At your earliest convenience, please forward an official copy of my transcript to:

OFFICE OF ADMISSION, BALDWIN WALLACE UNIVERSITY, 275 EASTLAND ROAD, BEREA, OH 44017-2088.

Please return this form with the transcript.

Transcript fee enclosed \$ _____. (Please call the above institution to confirm transcript fee.)

Student's Name _____
Last First Middle / Maiden

Name used while attending the institution listed above _____

Address _____
Street City State Zip

Date of Birth (month / day / year) _____ Dates Attended (from / to) _____

Number of official copies requested: _____ [] Self (advisable to obtain one for personal records) [] Send directly to Baldwin Wallace University

Student's Signature

Date



Please detach and make additional copies as needed.

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