

BALDWIN-WALLACE COLLEGE

REQUEST FOR OFFICIAL TRANSCRIPT



Mail this form to each school previously attended so that Baldwin-Wallace College 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.

(COLLEGE OR UNIVERSITY FROM WHICH TRANSCRIPT IS REQUESTED)

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

OFFICE OF ADMISSION, BALDWIN-WALLACE COLLEGE, 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) Social Security Number Dates Attended (from / to)

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

Student's Signature _____

Date _____

Please detach and make additional copies as needed.



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