

TRANSCRIPT REQUEST FORM

Baldwin-Wallace College  
Bonds Administration Bldg.  
Registration and Records  
275 Eastland Road  
Berea, OH 44017  
Fax: 440-826-6522

All financial obligations to Baldwin-Wallace College must be satisfied before a transcript is released (with the exception of this request.)

***Baldwin-Wallace has authorized the National Student Clearinghouse to provide secure transcript ordering via the Web as well as official enrollment verification. You can order transcripts 24/7 with this service using any major credit card with a cost of \$5.00 each and a processing time of approximately 3-5 business days. We do not fax transcripts.***

**CURRENT STUDENTS [Click here](#) NON-CURRENT & ALUMNI STUDENTS [Click here](#)**

**Payment methods accepted are cash, check or money order (payable to Baldwin-Wallace College). Up to two transcripts may be requested without pre-payment. You will be sent an invoice once the transcript has been mailed to the address specified on your request. Please PRINT & COMPLETE items 1 through 11. Mail or fax request to the address/number above.**

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(1) Date \_\_\_\_\_ (Transcripts are ready in 3 to 5 business days)

(2) No. of transcripts \_\_\_\_\_

Which type: \_\_\_\_\_ Third-Party/Official (Enclosed in sealed envelope)

and/or \_\_\_\_\_ Student Copy (Stamped "Issued to Student" which may not be accepted by 3rd party)

(3) Mail transcripts directly to address below OR Call for pick up

\_\_\_\_\_  
\_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(4) Student's Date of Birth \_\_\_\_\_ (5) SSN or Identification # \_\_\_\_\_

(6) Student's Phone number \_\_\_\_\_

(7) Please check record

UNDERGRADUATE (Bachelors) GRADUATE (Masters) or Both UG and GR record

Year of last attendance \_\_\_\_\_ Year \_\_\_\_\_ Year \_\_\_\_\_

(8) Send grades to date NOW or HOLD FOR GRADES Fall Spring Summer  
HOLD FOR DEGREE (Current graduating students only)

(9) Former Name(s) \_\_\_\_\_

(10) Student's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(11) Signature (REQUIRED) \_\_\_\_\_