



REQUEST FOR OFFICIAL TRANSCRIPT

Institution _____

Address _____

City, State, Zip Code _____

- Please send a copy of my official transcript to:

WAYLAND BAPTIST UNIVERSITY

Dean, Hawaii Campus
99-080 Kauhale Street #D14
Aiea, Hawaii 96701

- Send the transcript: _____ Immediately
_____ After posting credit for current term
- Payment in the amount of \$ _____ is enclosed. Please notify me if this amount is insufficient.
- Student Information:

Name _____

Social Security Number _____

Address _____

City, State, Zip Code _____

Dates Attended _____

Campus Attended if

Other than main campus: _____

Signature _____

Date _____

Instructions to students: Send this form with payment to each institution from which you are requesting transcripts. Many charge \$3.00 for each transcript, others charge more.