The Vancouver Waldorf School
EDUCATION TOWARDS FREEDOM

# TRANSCRIPT REQUEST FORM

## Personal Information

Name _____ PEN Number _____

Date of Birth _____ Email _____

Phone ( _____ ) _____ - _____ Cell ( _____ ) _____ - _____
AREA PHONE NUMBER AREA PHONE NUMBER

Year of entry into VWS _____ Year of graduation _____

**Graduation Status**
☐ Graduated under Grad 2004 ☐ Waldorf Graduation
☐ Other ☐ Not graduated

**Transcript required**
☐ Interim Transcript ☐ Transcript

**Please send transcript to** (please write additional institutions on a separate page)

Name _____

Name of institution *(if applicable)* _____

Address _____

Date _____ Signature _____

Please submit by fax **(604)985-4948**. Once payment is processed allow 10-15 business days for delivery during school. No transcript requests can be processed when the school is closed.

**Fee schedule** (check one)

| | |
|---|---|
| ☐ Regular mail | $10 |
| ☐ Additional transcripts, same address | $5 |
| ☐ Courier within Canada | $20 |
| ☐ Courier within continental US | $40 |
| ☐ Courier non continental US | tbd |
| ☐ Courier rest of the world | tbd |
| ☐ Students presently enrolled or graduated in last 12 months | no charge |

**Credit Card Details** (alternately you can also pay by cash or debit in person during school hours)

Credit Card ☐ Visa ☐ MasterCard Name on Card: _____

Card Number _____ _____ _____ _____

Expiration Date _____ / _____

Signature _____

**This form is valid as of July 1, 2010 and replaces all older versions.**

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