



**RUDOLF STEINER COLLEGE
TRANSCRIPT REQUEST FORM**

Office of the Registrar
9200 Fair Oaks Blvd.
Fair Oaks, CA 95628
Phone: 916 961-8727
Fax: 916 961-8731

PLEASE PRINT LEGIBLY

Name while attending Rudolf Steiner College: _____

Last First Middle

Current Name, if different: _____

Last First Middle

Period of Attendance _____ Program(s) _____

Social Security # _____ Birthdate: _____

Current Phone # _____ Email: _____

Student Signature: _____ **Date:** _____

Transcript **WILL NOT** be released without signature

PLEASE COMPLETE ONE "SEND TO" SPACE FOR EACH DIFFERENT ADDRESS. PLEASE WRITE DOWN A SPECIFIC OFFICE OR RECIPIENT IF SENDING TRANSCRIPT TO ANOTHER INSTITUTION

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