



Wyldewood Baptist Bible Institute
3030 Witzel Avenue, Oshkosh, WI 54904
920-235-5400 www.wyldewood.org



Student Records Release Form

Applicant's name: _____

Institution's name: _____

Institution's address: _____

Dates enrolled in this institution: _____

Dear _____,

I hereby authorize you to release a copy of my transcript and essential academic records to Wyldewood Baptist Bible Institute in Oshkosh, Wisconsin. I am applying there for additional training and they require an official copy of my transcript.

Please find enclosed the required fee (if any) and an addressed envelope for this purpose. If you have any questions, you may contact me at:

If it is necessary to contact WBBi, you may reach them at the address on the top of this form. Thank you for helping me with this important matter.

Signature: _____ Date: _____