

Transcript Release Form

TO THE APPLICANT: Please complete this form and submit it to your high school guidance officer and the registrar's office at all higher educational institutions you have attended (copy form as necessary.)

TO THE PERSON COMPLETING THIS FORM: I (the student named below) am an applicant for admission to Hyles-Anderson College and hereby give my permission for the release of my official transcripts. If I am currently a high school senior, please send a transcript after I have completed the first semester of my senior year. Upon graduation, please send the transcript of my final semester. These records must be mailed, not faxed. If you have a copy of my immunization records, please send those as well. Please mail the transcripts promptly. The Admissions Office must receive my transcripts BEFORE I can be considered for admission. Please send the transcript of my records to **Office of Admissions, Hyles-Anderson College, 8400 Burr Street, Crown Point, IN 46307**

Name				
Address		City	State	Zip
Attended from	MM/YYYY	to	MM/YYYY	
Date of Birth	MM/DD/YYYY	Social Security Number	-	-
Student's Signature	Date		MM/DD/YYYY	

please submit all transcript information to:

Hyles-Anderson College
Office of Admissions
8400 Burr Street
Crown Point, IN 46307

fax
219.365.2029

email
admissions@hylesanderson.edu

HYLES-ANDERSON
COLLEGE

PLEASE SUBMIT FORMS TO THE OFFICE OF ADMISSIONS
8400 Burr Street | Crown Point, IN 46307
888.374.9537 ph | 219.365.2029 fax

If you have questions, please call us at 888.374.9537 or visit us online at hylesanderson.edu.
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