



# TRANSCRIPT RELEASE FORM

HYLES-ANDERSON COLLEGE | CROWN POINT, INDIANA

**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 the **Office of Admissions, Hyles-Anderson College, 8400 Burr Street, Crown Point, Indiana 46307.**

## PLEASE PRINT THE FOLLOWING INFORMATION CLEARLY:

Name			
Address		City	State ZIP
Attended From MM/YYYY		To MM/YYYY	
Date of Birth MM/DD/YYYY			
Applicant's Signature		Date MM/DD/YYYY	

### PLEASE SUBMIT FORMS TO THE OFFICE OF ADMISSIONS.

8400 Burr Street | Crown Point, IN 46307  
219.558.2458 - Admissions Department | 219.365.4031 - Main Switchboard

If you have questions, please call us or visit [hylesanderson.edu](http://hylesanderson.edu).  
[admissions@hylesanderson.edu](mailto:admissions@hylesanderson.edu) | [f](#) [@](#) [v](#) [@hylesanderson](#)

# **HYLES-ANDERSON**

## C O L L E G E

8400 Burr Street, Crown Point, Indiana 46307  
219.558.2458 - Admissions Department | 219.365.4031 - Main Switchboard  
[hylesanderson.edu](http://hylesanderson.edu)  
[admissions@hylesanderson.edu](mailto:admissions@hylesanderson.edu)

@hylesanderson

