



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

888.374.9537 ph | 219.365.2029 fax

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

HYLES-ANDERSON

C O L L E G E

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