



# 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](http://hylesanderson.edu).  
[admissions@hylesanderson.edu](mailto:admissions@hylesanderson.edu) |    **@hylesanderson**