

TRANSCRIPT RELEASE FORM

Hyles-Anderson College
Online Studies

Dear School Official:

The following student is applying for admission to Hyles-Anderson College Online Studies.

He/she is requesting that his/her college transcript high school transcript G.E.D. scores

be sent to: **Hyles-Anderson Online Studies**
8400 Burr Street
Crown Point, IN 46307

Personal Information: *[To be completed by the student only]*

First Middle Last Maiden

Street Address

City State Zip

Social Security Number Date of Birth MM / DD / YYYY

Name of school/college

Graduation Date Semester/Year Last Attended

Name at Time of Enrollment if Different From Above

By signing this form, I grant my permission for my school/college to send my academic transcript and personal records to Hyles-Anderson College Online Studies.

Student Signature

Parent/Guardian Signature *[Required if student is younger than 18 years of age]*

Hyles-Anderson Online Studies
online.hylesanderson.edu



Mail
Hyles-Anderson College Online
8400 Burr Street
Crown Point, IN 46307



Email
online@hylesanderson.edu



Phone
219.365.4031, Ext, 1259