ALLEN UNIVERSITY

Office of Admissions

REQUEST FOR OFFICIAL FINAL ACADEMIC TRANSCRIPT

INSTRUCTIONS: Please submit your request for your official final academic transcript, which must indicate your date of graduation or date of completion of your GED certification.

NOTE: Most schools/colleges require a transcript fee. Please contact each school/college and enclose payment when you mail this form to the school.

TO: High School Counselor or Registrar

Name of Institution:_____

Address: _____

City: _____ State: _____ Zip Code: _____

In compliance with the Family Educational Rights and Privacy Act of 1974, Sec. 438, Publ. L90-247, Title IV as amended, 88 Stat. 571-574, I hereby grant you permission to release the following information:

_____ Transcripts _____ Official GED Certificate/Scores

Student Name: _____
Last (Maiden) First Middle

Current Address: _____
Number and Street City State Zip Code

Date of Birth: _____ Social Security Number: _____

Please send an official copy of the document(s) indicated above to:

Allen University
Office of Admissions
1530 Harden Street
Columbia, South Carolina 29204
(877) 625-5368

Signature of Applicant: _____ Date: _____