

HIGH SCHOOL TRANSCRIPT REQUEST



Student Applicant

Please complete the top half and give this record release form to your high school counselor.

Student's Full Name (Last, First, Middle, Maiden or Former)

Date of Birth

I hereby consent to the release of my high school records to Olivet Nazarene University.

Student's Signature

Date

School Administrator

The student whose name appears above is requesting the release of his/her high school records to Olivet Nazarene University. Please complete the requested information, sign the form, attach the entire form to the transcript, and fax to 815-935-4998 or mail to:

Director of Undergraduate Enrollment
Olivet Nazarene University
One University Avenue
Bourbonnais, IL 60914

High School Name

High School Address (City, State, ZIP)

Phone

Counselor's Name

Guidance Office Phone

CEEB Code

GPA and Scale

Semesters

Student's Class Rank

School Administrator's Name (Printed)

Signature

Date

Standardized Test Scores: SAT Verbal _____ Math _____ ACT Composite _____

☐ Recommend ☐ Recommend with reservation ☐ Do not recommend for enrollment