

College/University Transcript Request

To Be Completed by Applicant and Submitted to Registrar

Dear School Official,

I, _____
APPLICANT: PRINT FULL NAME SOCIAL SECURITY NUMBER

hereby authorize release of my academic and personal records by my college/university,

_____, for use as requested by Trinity
NAME OF COLLEGE/UNIVERSITY

International University, Deerfield, Illinois.

Sincerely,

APPLICANT SIGNATURE ADDRESS PHONE

Registrar or School Official, please send:

- 1) Official College Transcripts
- 2) Courses now in progress
- 3) Name and address of your school

Complete form, include transcripts, and send to:
Trinity International University
Undergraduate Admissions Office
2065 Half Day Road • Deerfield, IL 60015

To Be Completed by Registrar or School Official

Our college/university phone number is _____

Signature of school official _____

Name of school official (please print clearly) _____

Title of position _____ Date _____

Note: Transcript must be sent directly from the school with seal and signature to our school in a sealed envelope or it will not be considered official.