

# HIGH SCHOOL TRANSCRIPT REQUEST



2 WASHINGTON STREET, NEW YORK, NY 10004 • 1.646.378.6101

## Campus:

☐ Onsite ☐ Online

## STUDENT INFORMATION

*please print clearly*

Please complete this section and present it to your high school guidance office.

NAME: FIRST, MIDDLE, LAST (MAIDEN)

ADDRESS

CITY, STATE, ZIP, COUNTRY

PHONE

E-MAIL ADDRESS

## Classification: Check all that apply

☐ New Freshman ☐ Part-time ☐ Transfer ☐ Full-time  
☐ Re-Admission ☐ Resident ☐ Commuter ☐ Student Athlete

## Enrollment Date:

☐ Fall 20\_\_\_\_\_ ☐ Spring 20\_\_\_\_\_ ☐ Summer 20\_\_\_\_\_

Dates attended high school \_\_\_\_\_  
MM/YY — MM/YY

I give permission for my official transcript and other information to be sent to Alliance University.

Student's Signature: \_\_\_\_\_

DATE

## GUIDANCE COUNSELOR

*please print clearly*

Please provide as much of the following information as possible:

☐ ACT Composite ☐ High School Rank \_\_\_\_\_ out of \_\_\_\_\_  
☐ SAT Verbal ☐ Registered with the NCAA Eligibility Center?  
☐ SAT Math ☐ Yes ☐ No  
☐ High School GPA ☐ Other tests: \_\_\_\_\_  
☐ Other tests: \_\_\_\_\_

## GUIDANCE COUNSELOR'S SIGNATURE

Signature: \_\_\_\_\_

DATE

Please mail this form with applicant's official transcript to:

Alliance University Admissions Office, 2 Washington Street, New York, New York 10004

Submit electronic transcripts through Parchment or eScrip-Safe.