



TRANSCRIPT REQUEST FORM

TO THE STUDENT

Please note: This form should be received as soon as possible to give the applicant the best possible admissions consideration.

Complete the following section and give this form to your guidance counselor as soon as possible. Please furnish the evaluator with a stamped envelope, using the address at the bottom of this page.

Last Name	First Name	Middle Name	Social Security Number		
Address: Number & Street		City	State/Province	Postal Code	Country

The Family Educational Rights and Privacy Act of 1974 permits a matriculated student to have access to his/her file unless a waiver of that right has been signed. If you wish to waive your rights to access your file, sign your name in the space provided. The waiver is NOT required as a condition of admission.

Applicant's Signature	Date
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TO THE EVALUATOR

First Name	Middle Name	Last Name	Phone		
High School Name			CEEB		
High School Address: Number & Street		City	State/Province	Postal Code	Country
Counselor's Signature	Date				

Please note: This form and the student's official transcript should be received as soon as possible to give the applicant the best possible admissions consideration.

PLEASE RETURN TO:

Office of Undergraduate Admissions
Azusa Pacific University
PO Box 7000
Azusa, CA 91702-7000