

SCHOOL TRANSCRIPT REQUEST

Grace College Indianapolis • 9302 N. Meridian St., Ste. 251 • Indianapolis, IN 46260



INDIANAPOLIS

applicant completes this section (please print)

I, _____, hereby authorize the release of my academic and personal records by _____ for use as requested by Grace College.

Signature _____ Date _____

high school counselor or principal completes this section (please print)

Your assistance in the completion of this student's application file will allow us to serve his/her request for admission in a responsible and prompt manner. The student's application will not be evaluated until we have received this reference. We thank you in advance for taking the time to complete this form (this information is treated confidentially and is employed in evaluating the applicant).

The OFFICIAL TRANSCRIPTS you send must contain the following information:

- Applicant's full name
- Courses by year (including grades received)
- Courses currently in progress (if applicant is enrolled)
- Standardized test results
- Name and address of your school
- Signature of school official and date of signature

The student ranks (1 as top) _____ in a class of (total enrollment) _____ at the end of (number) _____ semesters on a (check one) weighted non-weighted ranking system. His/her current grade point average is _____ based on a 4-point scale.

This student (check one) was graduated (date) _____ will be graduated (date) _____ withdrew (date) _____

Our school is (check one) state accredited regional association accredited non-accredited

Our school is a (check one) public high school private high school Christian high school

School CEEB code: _____ home school

Mail completed form and the student's official high school transcripts to:
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