

## HIGH POINT UNIVERSITY

Office of Undergraduate Admissions One University Parkway • High Point, NC 27268 Phone: 336-841-9216 highpoint.edu

## **DEAN'S RELEASE FORM FOR TRANSFER STUDENTS**

**Section I** (This section is to be completed by the applicant. After you have filled out Section I and signed the statement below, give this form to the Dean of Students or another appropriate official of the institution.)

Legal Name	rst Middle	<u> </u>	Email	
		Last		
Permanent Home Add	Iress	St	reet	
City	State	Zip	() Telephone	
	niversity			
	Il at HPU (circle one):			
	nformation concerning my		cademic record may be released to	
Applicant's signature_				
I waive my right to exa	mine this document.			
I do not waive my right to examine this document				
If so, please explain or You are invited to offer academic requirement Name of official Title Campus telephone (	n a separate sheet of pape r your comments and reco ts and contribute positivel	er. ommendation regarding ly to student life at High		
		Street		
	City	State	Zip	
Signature		Date		
Please return this for High Point University Office of Undergradua One University Parkwa				

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