ICH POID	TRANSCRIPT RELEASE	OFFICE USE ONLY
HIGHTON	FORM	DATE SENT/PICKED UP
「加ち」		DATE EMAILED/FAXED
		RECEIVED BY
	COPY OF PHOTO ID IS REQUIRE	
VERSI	THERE IS NO FEE FOR OFFICIAL OR UNOFFIC	CIAL TRANSCRIPTS
Name of Student	me of Student Student SS / ID Number	
Maiden Name		
(if applicable)	Date of Bi	rth
Current		
Address		
Phone Number		
Number of Official Copies	Number of	f Unofficial Copies
NOTE: Official transcripts cannot be released to directly to student		
Complete mailing address o	f specified recipient: (Please Print)	
Name of Recipient (School or	Organization)	
Department/Division		
Street Address		
City	State	Zip Code
Email Address (Official trans	scripts cannot be emailed)	
Dates of Attendance:	From To	
Hold transcript until final gra	ades are posted: Yes No	
Hold transcript until degree	is posted: Yes No	
Are you transferring from H	-	r paperwork is required with Student Life.
Stud	ent must sign below NO ELECTONIC	SIGNATURES ACCEPTED
-	strar's Office of High Point University to release my transcrip is faxed, it may be received at a location that is not secure a	
Signature of Student		Date
Official transcripts w	rill not be released to students having	a financial obligation to the University

High Point University Office of the University Registrar One University Parkway High Point, North Carolina 27268 Fax: (336) 888-6365