

HIGH SCHOOL TRANSCRIPT REQUEST FORM

Please fill out this form and give it to your high school guidance office.

Social Security Number									
□	□	□	□	□	□	□	□	□	□

Applicant Name _____ Maiden Name _____

Address _____ City _____ State ____ Zip _____

Phone _____ Date of Birth ____/____/____

H. S. Grad Year _____ I plan to attend Crown College starting _____
Entry Date

I hereby give permission for my transcript* to be sent to Crown College. _____
Signature Date

Please send an official copy of the applicant's current transcript including cumulative GPA and class rank to:



CROWN
COLLEGE

Crown College
Office of Admissions
8700 College View Drive
St. Bonifacius, MN 55375-9001

****If the applicant is currently enrolled, please also send a final transcript when all work is completed.***