

# COLLEGIATE TRANSCRIPT REQUEST



## Student Applicant

Please complete the top half and give this record release form to your collegiate advisor.

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Student's Full Name (Last, First, Middle, Maiden or Former)

Date of Birth

I hereby consent to the release of my collegiate records to Olivet Nazarene University.

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Student's Signature

Date

## School Administrator

The student whose name appears above is requesting the release of his/her collegiate transcripts to Olivet Nazarene University. Please complete the requested information, sign the form, attach the entire form to the transcript, and both fax to 815-935-4998 and mail to:

Office of Transfer Admissions  
Olivet Nazarene University  
One University Avenue  
Bourbonnais, IL 60914

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CollegeName

Fax

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College Address (City, State, ZIP)

Phone

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Advisor's Name

Advisor's Phone

CEEB Code

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GPA and Scale

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Is the student a member of Phi Theta Kappa honor society?  Yes  No