REQUEST FOR HIGH SCHOOL OR COLLEGE TRANSCRIPT

TO THE APPLICANT: Please complete this form and submit it to your high school guidance office and the registrar's office at all higher educational institutions you have attended (copy form as necessary).

TO THE PERSON COMPLETING THIS FORM: I (the student named below) am an applicant for admission to Milligan College and hereby give my permission for the release of my official transcript. *Please mail the transcript promptly. The Admissions Committee must receive my transcript BEFORE I can be considered for admission.* Please send the transcript of my record to: Office of Admissions, Milligan College, P.O. Box 210, Milligan College, TN 37682.

Name: _____
LAST FIRST MIDDLE MAIDEN

Address: _____
STREET/BOX NUMBER CITY STATE ZIP

Attended from: _____ to _____
MONTH/YEAR MONTH/YEAR

Date of Birth: _____ Social Security No.:_____
MONTH / DATE / YEAR

Student's Signature: _____ Date: _____

Please submit all transcript documentation to:

OFFICE OF ADMISSIONS
P.O. BOX 210
MILLIGAN COLLEGE, TN 37682

FAX 423.461.8982

MILLIGAN COLLEGE
Academic excellence since 1866