



**TRANSCRIPT REQUEST  
AUTHORIZATION FORM**

I hereby authorize Point University to request and process transcripts from my high school and all postsecondary institutions I have attended as part of my application for admission.

**Student Information:**

First: \_\_\_\_\_ Last: \_\_\_\_\_ MI: \_\_\_\_\_

Maiden Name (if applicable): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**School Information**

School from which transcript is requested: \_\_\_\_\_

School Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Dates Attended: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Transcript Fee: \$ \_\_\_\_\_

**To the attention of the academic official:**

The student listed above has applied for admission to Point University.  
Please mail this form, along with the student's transcript, to the address listed below.

Fax to (404)214-0648, email to [cgpsenrollment@point.edu](mailto:cgpsenrollment@point.edu) or mail to  
Point University, 2450 Piedmont Rd. NE Ste. 200, Atlanta, GA. 30324