

Point

UNIVERSITY

Transcript Request Form

To be completed by the applicant

Print your name and address in the space below. Submission of this form indicates that you have waived the right to future access to the contents of your admissions file. Please give this form to your high school guidance counselor or the academic office at a college or university you have attended. Feel free to make copies of this form if you will be requesting multiple transcripts.

Applicant's Last Name: _____ First Name: _____ Middle Initial: _____

Mailing Address (Current): _____

City: _____ State: _____ ZIP Code: _____

Email Address: _____ Phone Number: _____

Signature: _____ Date: _____

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:

Point University
Admission Office
507 West 10th Street
West Point, GA 31833

If you have any questions, please contact us at 706-385-1000.