

### Applicant

Please complete this form and turn it into your High School Guidance Counselor to request your official high school transcript be sent to Ohio Christian University.

### TO GUIDANCE COUNSELOR

I, \_\_\_\_\_, have completed an application to attend Ohio Christian University. The University requests that my transcript be submitted as part of my application process. Please include my test scores, if available.

I hereby authorize the release of my transcript and any other pertinent personal information. Please mail this information directly to the Ohio Christian University Admissions Office. Thank you.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of High School you are requesting from \_\_\_\_\_

Dates Attended \_\_\_\_\_

High School Fax Number \_\_\_\_\_

### STUDENT INFORMATION

Name \_\_\_\_\_

Former Name (if applicable) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Sec. No. \_\_\_\_\_

Phone \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Please send official transcripts to:**

**Ohio Christian University Admissions**  
1476 Lancaster Pike, Circleville, Ohio 43113  
Phone: 877-762-8669 | Fax: 740-420-5921  
Email: [Enroll@OhioChristian.edu](mailto:Enroll@OhioChristian.edu)  
[www.OhioChristian.edu](http://www.OhioChristian.edu)