



Request for **Official** High School Transcript

Please send **official** transcript for the student named below to:

Trine University
14100 North 83rd Avenue
Suite 100
Peoria, AZ 85381

To be completed by applicant:

Full Legal Name: _____ SSN: _____
Last First Middle

Maiden Name: _____ Date of Birth: _____

Current Address: _____
Street City State Zip

Home Phone: (_____) _____ Work Phone: (_____) _____

Name of High School: _____ High School Phone #: _____

High School Address: _____

Year of Graduation: _____

I hereby authorize the release of my academic records for use by Trine University.

Signature: _____ **Date:** _____

Please mail this completed form and my **official** transcript to the above address of Trine.