

# Transcript

# Request Form

## To Applicant:

Please complete and submit this form to your high school and/or college guidance/registrar's office. The Office of Admission must receive an official transcript from all secondary and post-secondary schools that you have attended. Copies of this form may be made if needed.

## Student Information

\_\_\_\_\_  
First Name Last Name Middle Initial

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

## To the Guidance/Registrar's Office:

Please mail a school profile and an official transcript of completed coursework for the student named above to:

Office of Admission  
Houghton College  
P.O. Box 128  
Houghton, NY 14744-0128

Toll free: 800.777.2556  
Office: 585.567.9353  
Fax: 585.567.9522\*

\*A faxed transcript will be accepted for initial review.

## Guidance Office Information

\_\_\_\_\_  
High School Guidance Counselor

\_\_\_\_\_  
School Phone Number/Extension

GPA \_\_\_\_\_ Rank: \_\_\_\_\_ out of \_\_\_\_\_ class size  
Weighted Unweighted

