



UNIVERSITY of SAINT FRANCIS

Request for Transcript Release Form

In order to obtain a transcript from your high school you may be required to provide written permission before they are able to comply with such a request.

Please sign this form if you desire that your transcript be released.

I hereby consent to the release by the school system a copy of

_____ transcript to the University of Saint Francis.

(Student's Name)

(Date)

(Student's Signature)

(Date)

(Parent's Signature if Necessary)

Please Send Transcript To:

Office of Admissions
University of Saint Francis
2701 Spring Street
Fort Wayne, IN 46808

