



TRANSCRIPT RELEASE FORM

**COPY OF PHOTO ID IS REQUIRED
AT TIME OF REQUEST**

THERE IS NO FEE FOR OFFICIAL OR UNOFFICIAL TRANSCRIPTS

OFFICE USE ONLY

Date Received: _____

Processed By: _____

Signature: _____

Name of Student _____ Student ID or SS Number _____
Maiden Name (if applicable) _____ Date of Birth _____

Current Address: _____

Phone Number: _____

Number of Official Copies: _____ Number of Unofficial Copies: _____

**NOTE: Official transcripts cannot be released directly to student Complete mailing address of specified recipient:
(Please Print)** _____

Name of Recipient (School or Organization)

Department/Division

Street Address

City

State

Zip Code

Dates of Attendance: From _____ To _____

Hold transcript until final grades are posted: ____ Yes ____ No

Hold transcript until degree is posted: ____ Yes ____ No

Are you transferring from HPU? ____ Yes ____ No If yes, further paperwork is required with Student Life.

Student must sign below NO ELECTONIC SIGNATURES ACCEPTED

"I authorize the Registrar's Office of High Point University to release my transcript to the specified recipient. I understand that if the requested document is faxed, it may be received at a location that is not secure and may not be accepted as an official transcript."

Signature of Student _____ Date _____

*****Official transcripts will not be released to students having a financial obligation to the University*****

High Point University
Office of the University Registrar
One University Parkway
High Point, North Carolina 27268
Fax: (336) 888-6365