



HIGH SCHOOL TRANSCRIPT REQUEST

STUDENT APPLICANT

Please complete the information below and give this record release form to your high school counselor.

Student's name

I hereby consent to the release of my high school records to Cornerstone University.

Student's signature

Date

SCHOOL ADMINISTRATOR

The student whose name appears above is requesting the release of his or her high school records to Cornerstone University. Please complete the requested information, sign the form, attach the entire form to the transcript and mail to:

Admissions Office | Cornerstone University | 1001 E Beltline Ave NE | Grand Rapids MI 49525-5897.

High school name

High school address (City, State, ZIP)

Phone

Counselor's name

Guidance office phone

Student's class rank

CEEB code

GPA and scale

Semesters

Standardized Test Scores (with subscores, if available)

SAT	TEST DATE	READING	MATH	WRITING	TOTAL		
ACT	TEST DATE	ENGLISH	MATH	READING	SCIENCE	WRITING	COMPOSITE

Recommendation to University

- Recommended
- Not recommended
- Recommended with reservation
- School policy precludes recommendation

Please include student's Individualized Education Plan (IEP) if applicable.

The information on this form is verified by

Counselor's signature

Date