HIGH SCHOOL TRANSCRIPT REQUEST

STUDENT APPLICANT
Please complete the information below and give this record release form to your high school counselor or send via Parchment, Naviance, eSCRIP-SAFE or National Clearinghouse to Cornerstone University.

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:

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

HIGH SCHOOL NAME ___________________________________________________________

HIGH SCHOOL ADDRESS _______________________________________________________

STREET __________________________________ CITY ___________________________ STATE __ ZIP ________________

PHONE ____________________________________________

COUNSELOR’S NAME ___________________________ GUIDANCE OFFICE PHONE ________________

STUDENT’S CLASS RANK ___________________________ CEEB CODE ________________

GPA AND SCALE ___________________________ SEMESTERS COMPLETED ______________________________

For a student’s file to be reviewed for acceptance, we also require that test scores be sent to Cornerstone. Test scores can be included on the high school transcript or sent digitally to Cornerstone University. Unofficial transcripts and scores may also be emailed to admissions@cornerstone.edu.

ADMISSION REQUIREMENTS

- 2.5 high school G.P.A.  
- 19 ACT  
- 1000 New/1350 Old SAT

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 __________________

Cornerstone University does not discriminate on the basis of race, national origin, sex, age or disability in its policies and programs.