

REQUEST FOR HIGH SCHOOL TRANSCRIPT - (MUST BE OFFICIAL)

To the Applicant: Please fill out the top part of the form and submit to your high school guidance counselor.

FOR OFFICE USE ONLY		
ID _____	STATUS _____	COUNSELOR _____

- | | | | |
|-----------------------------------|---------------------------------------|------------------------------------|--|
| Classification (check one) | Enrollment Date | Attendance (check one) | Housing |
| <input type="checkbox"/> Freshman | <input type="checkbox"/> Fall _____ | <input type="checkbox"/> Full-time | <input type="checkbox"/> On Campus |
| <input type="checkbox"/> Transfer | <input type="checkbox"/> Spring _____ | <input type="checkbox"/> Part-time | <input type="checkbox"/> Commuter |
| <input type="checkbox"/> Readmit | <input type="checkbox"/> Summer _____ | | <input type="checkbox"/> Living with Parents |

PLEASE TYPE OR PRINT

Applicant's Name _____ Social Security # _____

Address _____

City _____ State _____ Zip _____

Phone () _____ Email Address _____

Dates Attended _____ Date of Birth _____

I hereby give permission for my transcript and other information to be sent to Simpson University.

Applicant's Signature _____ Date _____

TRANSFER STUDENTS must also request official transcripts from all colleges and universities attended.

HIGH SCHOOL COUNSELOR

Please include the following information and send this form with the applicant's transcript to the address below.

ACT Scores: English _____ Math _____ Reading _____ Science _____ Composite _____

SAT Scores: Critical Reading _____ Math _____ Writing _____

High School Unweighted GPA _____

High School class rank _____ out of _____

Counselor/School Official Signature _____

School name _____

School Address _____ City _____ State _____ Zip _____

Send this form with the applicant's transcripts to:



The Admissions Office
Simpson University
2211 College View Drive
Redding, CA 96003