

TO BE COMPLETED BY APPLICANT

To Registrar:

I, _____, have completed an application to attend Ohio Christian University. The University requests that my transcript be submitted as part of my application process. I hereby authorize the release of my transcript and any other pertinent personal information. Please mail this information directly to the Ohio Christian University Admissions Office. Thank you.

Signed _____ Date _____
College _____ Dates Attended _____
Fax _____

Print Name _____
Former Name _____
Date of Birth _____
Social Sec. No. _____
Phone _____
Address _____

SEND TRANSCRIPT TO

Ohio Christian University Admissions
1476 Lancaster Pike
Circleville, Ohio 43113
Phone: 800-701-0222
Fax: 740-420-5921
Email: enroll@ohiochristian.edu
www.ohiochristian.edu

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