

TO BE COMPLETED BY APPLICANT

To Guidance Counselor:

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

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

SEND TRANSCRIPT TO

Ohio Christian University Admissions
P.O. Box 460 • 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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