



Transcript Release Form

Students-Print a copy of this form, complete and sign the form, then take it to your high school guidance office (or registrar's office if you are a transfer student) to have your transcript mailed or faxed to the Trine Office of Admission.

Student Name _____

Address _____

City _____

State _____

Zip Code _____

Telephone () _____

I authorize the release of my transcripts from _____ (high school/ college)
to the following:

Office of Admission
Trine University
1 University Avenue
Angola, IN 46703
Fax: 260.665.4578

Signature _____

SSN _____

Note: Final transcripts should be mailed at the conclusion of your senior year following your decision to attend Trine University.