

Transcript release form



This form is used by Messiah College, Office of Undergraduate Admissions, for the sole purpose of requesting transcripts on behalf of our prospective students. The prospective student's signature on this form grants Messiah College the rights to request transcripts directly from institutions previously attended. If Messiah College is unable to obtain transcripts for any reason, the prospective student will be responsible to obtain transcripts.

Please send one official transcript for the following student to:

Messiah College
Office of Undergraduate Admissions
One College Avenue Suite 3005
Mechanicsburg, PA 17055

Information of Institution Attended

Name of Institution Attended _____

Mailing Address _____
STREET/PO BOX/RURAL ROUTE CITY STATE ZIP CODE

Student Information

Name _____
FIRST MIDDLE LAST

Student Identification Number (if known) or SSN _____

Month/Year you started _____ / _____ to Month/Year you stopped attending _____ / _____

Degree Earned _____

Student Mailing Address _____
STREET/PO BOX/RURAL ROUTE CITY STATE ZIP CODE

Date of Birth _____ / _____ / _____ Citizenship _____ Previous last names? _____
MONTH DAY YEAR

Primary Phone (_____) _____ Home Cell Secondary Phone (_____) _____ Home Cell

Email address _____

Student signature* _____ **Date** _____

*I hereby authorize a faxed or emailed copy of this signature to be used in lieu of the original.

Student must submit signed form in one of three ways

EMAIL: transfer@messiah.edu
FAX: 717.691.2307
MAIL TO: Messiah College, Office of Undergraduate Admissions
One College Avenue Suite 3005
Mechanicsburg, PA 17055

In order to process this request, all fields must be entered completely and the prospective student must have completed an application for admission to Messiah College.