

Final High School Transcript Request

I. To be completed by the student:

Please complete this section, and give the form to your high school guidance counselor.

Print Full Name _____ CU ID Number _____
(see Major/Minor Selection form)

Address _____

City _____ State _____ ZIP _____

High School Name _____

Address _____

City _____ State _____ ZIP _____

Phone Number (_____) _____

Counselor's Name _____

I authorize you to release my final high school transcript to Cedarville University.

Student's Signature _____ Date _____

II. To be completed by the high school counselor:

Following commencement and the recording of final senior grades, please send a final official high school transcript along with this form to:

**Admissions
Cedarville University
251 N. Main Street
Cedarville, OH 45314**

The final transcript MUST include:

- All courses and grades earned for grades 9-12
- A final grade point average
- A final class rank (if applicable)
- A date of graduation (mm/dd/yy)
- A signature or seal

Thank you for your cooperation!
If you have any questions, please call 1-800-CEDARVILLE.