

Southern Nazarene University

CHARACTER | CULTURE | CHRIST

High School Transcript Request

STUDENT APPLICATION

Please complete the top half and give this record form to your high school counselor.

STUDENT'S FULL NAME (LAST, MIDDLE, FIRST)

DATE OF BIRTH

I hereby consent to the release of my high school record to **Southern Nazarene University**.

STUDENT'S SIGNATURE

DATE

SCHOOL ADMINISTRATOR

The student whose name above is requesting the release of his or her high school records to **Southern Nazarene University**. Please complete the requested information, sign the form, attach the entire form to the transcript and mail to Southern Nazarene University.

HIGH SCHOOL NAME

HIGH SCHOOL ADDRESS (CITY, STATE, ZIP)

()
PHONE

COUNSELOR'S NAME

()
GUIDANCE OFFICE PHONE

STUDENT'S CLASS RANK

G.P.A. AND SCALE

Standardized ACT and/or SAT Test Scores:

A copy of the test scores are also required if they are not printed on the High School transcript.

Southern Nazarene University

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Bethany, OK 73008

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www.snu.edu