

Birth Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

\_\_\_\_\_ is enclosed to cover transcript costs.

☐ Please send my transcript now. ☐ Please hold my transcript request until final grades for the current semester have been recorded.

## **High School Transcript Request Form**

## To the Applicant:

**Check One:** 

A check for \$\_\_

Applicant's Signature:

When you take this form to your high school guidance counselor, please ask him/her to return it to Tabor College with a current high school transcript and official ACT/SAT test scores. Please note: Transfer students must request transcripts from each college attended, plus the high school transcript. Please contact each college for specific details and have the transcript(s) sent to Tabor College.

Applicant's Name:		Applicant's Address:	Applicant's Address:	
City:		State: Zip/Postal Code:	County:	
To the High S	School:			
Please return this form along with a current official transcript and official ACT/SAT test scores to:		What type of high school did the ap  ☐ Public ☐ Private ☐ Homeschool	plicant attend?	
Tabor College, Offices for Enrollment Management 400 South Jefferson, Hillsboro, KS 67063  Signature:		When will/did this applicant graduat	te?/	
		What is the applicant's most recent rank in class?		
		At end of semesters		
		Student's rank: Nu		
Title:	Date:	Cumulative grade point average	/4.0 (please convert to 4.0 scale) (ove	
T	abor C	ollege		
DI	Cabor C			
DI	cript Request Form			
College Trans To the Applic	cript Request Form		out the requested information and give to your	
College Trans To the Applic Transfer students must requinistitution's Registrar.	cript Request Form	ended, plus the high school transcript. Please fill	out the requested information and give to your	
College Trans To the Applic Transfer students must requinistitution's Registrar. Last Name:	cript Request Form ant:  Lest transcripts from each college atte	ended, plus the high school transcript. Please fill		
College Trans To the Applic Transfer students must requinistitution's Registrar. Last Name: Preferred Name:	cript Request Form ant:  Lest transcripts from each college atte	ended, plus the high school transcript. Please fill for the high school transcript.	Middle Initial:	

(over)

Dates Attended: \_

Date:

## To The High School:

Please mail the official college transcript to:



Offices for Enrollment Management 400 South Jefferson • Hillsboro, Kansas 67063

1-800-TABOR-99 • Fax 620-947-6276 www.tabor.edu • admissions@tabor.edu

- 10 00000

## To The College/University:

Please mail the official college transcript to:



Offices for Enrollment Management 400 South Jefferson • Hillsboro, Kansas 67063

- A Charles - Company

1-800-TABOR-99 • Fax 620-947-6276 www.tabor.edu • admissions@tabor.edu