

ROBERT MORRIS UNIVERSITY OFFICIAL HIGH SCHOOL TRANSCRIPT REQUEST



I hereby authorize _____
(NAME OF HIGH SCHOOL)

(ADDRESS OF HIGH SCHOOL)

in _____
CITY STATE ZIP

to send a copy of my official transcript to Robert Morris University.

SEND TO: ROBERT MORRIS UNIVERSITY
Attn: Admissions Office
401 South State Street
Chicago, IL 60605

I, _____ parent/guardian
(PRINT NAME OF PARENT / GUARDIAN)

of _____ do hereby
(PRINT NAME OF STUDENT)

release my son/daughter's ACT and/or SAT score of _____ to Robert Morris University.

PLEASE PRINT

Dates of Attendance or Date Graduated _____

Full Name _____

Maiden Name _____

Address _____

City _____ State _____ Zip _____

Social Security Number ____ - ____ - ____ Date of Birth: Month ____ Day ____ Year ____

I declare to the best of my knowledge that the information listed above is true, correct, and complete.

Signature _____ Date _____

Parent / Guardian _____ Date _____

ADMISSIONS COUNSELOR _____ CAMPUS _____ START DATE _____

Robert Morris University does not discriminate on the basis of race, ethnicity, color, age, sex, national origin, or disability in administration of its educational policies, admissions policies, loan programs, placement services, housing, and other school administered programs.

Robert Morris University is a private, not-for-profit institution accredited by the Higher Learning Commission and is a member of the North Central Association (230 S. LaSalle, Suite 7-500, Chicago, Illinois 60604. 312-263-0456).