

Please send your signed and completed form via fax to 800-473-2512
Please note: Some institutions may require the student to obtain transcripts directly; if this is the case, your enrollment counselor will contact you.

Point Park University Transcript Release Form

TRANSCRIPT RELEASE AUTHORIZATION

I authorize my official transcripts to be sent to Point Park University C/O The Learning House and allow any necessary follow-up to acquire said transcripts listed below.

Applicant's Signature: _____ Date: _____

Legal Name: _____
First Last Maiden other

Permanent Address: _____
Street City State Zip

Date of Birth: _____ - _____ - _____ Social Security Number or Student ID Number: _____ - _____ - _____

Phone _____ Email _____

1. Institution Name: _____

Mailing Address: _____
City State Zip

Dates Attended From: _____ to: _____ Degree Earned/ Program Seeking (if any): _____

2. Institution Name: _____

Mailing Address: _____
City State Zip

Dates Attended From: _____ to: _____ Degree Earned/ Program Seeking (if any): _____

3. Institution Name: _____

Mailing Address: _____
City State Zip

Dates Attended From: _____ to: _____ Degree Earned/ Program Seeking (if any): _____

Have more schools for us to request? Please use additional sheets.

Return official transcript materials to:

Point Park University
C/O The Learning House
801 East Park Drive, Suite 105
Harrisburg, PA 17111

Or email if using secure service transcripts@learninghouse.com

Institution Records Office: If you cannot process this request please contact the Transcript Office at 800-293-7075 ext. 175