Transcript Request Form

To the student

Fill in this section and give this form to your guidance counselor.

☐ Mr. ☐ Ms. Last Name First Name Middle

Permanent home address

City County State ZIP

Applicant's Signature Date of Application

To the counselor

This student has applied for admission at Thiel College. Please promptly send complete transcripts to the address below. Thank you for your cooperation.

High School Name

Address

City County State ZIP

Submit to:

Thiel College
Office of Admissions
75 College Avenue
Greenville, PA 16125

Fax 724.589.2013
admissions@thiel.edu