

TRANSCRIPT AUTHORIZATION/RELEASE

The undersigned here by authorizes:

- 1. The high school from which the undersigned graduated to provide an official transcript to Parker University, or
- The GED (or other high school diploma equivalent) testing center to provide official proof that the undersigned received his/her GED or equivalent to Parker University; and
- 3. Each postsecondary institution that the undersigned has attended to provide an official transcript to Parker University.

A facsimile or photocopy of this TRANSCRIPT AUTHORIZATION shall be considered as effective as the original.

(Name of Institution or Center)		City	State	
(Undersigned's name used when attending		(Indicate Credential Earned: HS Diploma or C		(Month/Year)
	eceive an official transcript fr ficial transcript must be from			edits that the student desires to transfo d the credits. Please identify all educati
List the names of all unive	ersities and colleges attended	starting with the	most recent first:	
.) Name of University or College			City and State	
Degree Earned			Dates Attended	
Undersigned's name used when attending			Credits Earned	
2.)				
2.) Name of University or College			City and State	
Degree Earned			Dates Attended	
Undersigned's name used when attending			Credits Earned	
Gender: MaleFe Date of Birth (MM/DD/YY	emale			
Social Security Number:				
Current Street Address				
City	ty Postal Code		Country	
Telephone Number:				

Please send the official academic transcript to the following address:

PARKER UNIVERSITY
Attn: Registrar
2540 Walnut Hill Lane
Dallas, TX 75229
(972) 438 – 6932, Ext. 7120
Fax (214) 902-2458