

# Grace College: Transcript Release Form

## NOTICE TO INSTITUTION RECORDS OFFICE

This is a request for official transcripts on behalf of a former student of your institution. Information needed to process this request can be found below. **Please return official transcript materials to:**

Grace College  
C/O The Learning House  
32 Mount Joy Street, Suite 300  
Mount Joy, PA 17552

*Or email using a secure service to [transcripts6@learninghouse.com](mailto:transcripts6@learninghouse.com)*

***If you cannot process this request, please contact the Transcript Office at 1-800-293-7075 ext. 133***

## APPLICANTS PLEASE COMPLETE ALL INFORMATION BELOW:

### TRANSCRIPT RELEASE AUTHORIZATION

*I authorize my official transcripts to be sent to Grace College C/O The Learning House and allow any necessary follow-up, including the release of non-directory information, to acquire official transcripts from each of the institutions listed below.*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Legal Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Former Name(s) \_\_\_\_\_

Permanent Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

1. Previously Attended Institution: \_\_\_\_\_

Mailing Address: City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Dates Attended: From \_\_\_\_\_ to \_\_\_\_\_ Program Seeking/of Study: \_\_\_\_\_

Student ID Number: \_\_\_\_\_ Degree(s) Earned: \_\_\_\_\_

2. Previously Attended Institution: \_\_\_\_\_

Mailing Address: City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Dates Attended: From \_\_\_\_\_ to \_\_\_\_\_ Program Seeking/of Study: \_\_\_\_\_

Student ID Number: \_\_\_\_\_ Degree(s) Earned: \_\_\_\_\_

3. Previously Attended Institution: \_\_\_\_\_

Mailing Address: City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Dates Attended: From \_\_\_\_\_ to \_\_\_\_\_ Program Seeking/of Study: \_\_\_\_\_

Student ID Number: \_\_\_\_\_ Degree(s) Earned: \_\_\_\_\_

## APPLICANTS

***Please send your signed and completed form via fax to 800-473-2512 or email to [transcripts6@learninghouse.com](mailto:transcripts6@learninghouse.com)***

*Please note: Some institutions may require you to obtain your official transcripts directly; if this is the case, your enrollment counselor will contact you.  
If you attended additional schools, please use additional copies of this form.*