

BARBER-SCOTIA COLLEGE OFFICE OF ADMISSIONS

HIGH SCHOOL TRANSCRIPT AND SAT/ACT SCORES REQUEST

Student _____ SS# ___/___/___
Last First MI

Address: _____
Number&Street Apt. City/Town State/Country Zip

Date of Birth: _____ Date of Graduation/Expected Graduation _____

Name of High School _____

Address of High School _____

I hereby authorize release to the Office of Admissions at Barber-Scotia College (a) an Official copy of my academic transcript and (b) my SAT/ACT Scores.

Signature of Student: _____ Date: _____

Please submit this form to your Counselor/Registrar and have them submit the requested information to:

Office of Admissions
 Barber-Scotia College
 145 Cabarrus Avenue, West
 Concord, North Carolina 28025