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 may 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