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**Student Applicant:**

Please complete and return to your MNU admissions counselor or give this record release form to your high school counselor.

**Please Print Legibly**

Last Name: First Name: Middle Initial:

Previous Name(s): Social Security #: Date of Birth:

Address:

(Street)

(City) (State) (Zip Code) (Country)

Home Phone: Cell Phone: Email Address:

**Information of High School/GED Testing Office Attended**

Name of High School/GED Testing Office:

Address:

(Street)

(City) (State) (Zip Code) (Country)

Date of Attendance: From: To: Date of Graduation or GED:

*I hereby request and authorize you to forward my transcript and any other applicable information to* ***MidAmerica Nazarene University****. I do also authorize* ***MidAmerica Nazarene University*** *to make further transcript requests on my behalf.*

*Please send my transcripts to:*

**MidAmerica Nazarene University**

**Office of Admissions**

**2030 E. College Way**

**Olathe, KS 66062**

**Or via fax to 913-971-3481**

**Student’s Signature:**  **Date:**