

TRI-STATE INSTITUTE
OF PHARMACEUTICAL SCIENCES (TIPS)



TRANSCRIPT REQUEST FORM

Full Name: _____

Former Name (s): _____

Social Security Number: _____ **Date of Birth:** _____

Current Address: _____

Phone: _____ **Email:** _____

Name of the High School Graduated: _____

Address of the High School Graduated: _____

Dates Attended: _____

REQUESTED FORMS FROM HIGH SCHOOL: (Check all that apply)

High School Transcript

Immunization Record

I hereby give permission to _____

Name of School/County/District

to release any and all requested information to Tri-State Institute of Pharmaceutical Sciences.

Signature _____ **Date:** _____

By signing this form, you hereby give Tri-State Institute of Pharmaceutical Sciences permission to obtain all available information identifying official administrative records (name, address, birth date, grade level completed, grades, class standing, attendance record); standardized achievement, intelligence, and aptitude test scores, and record of extracurricular activities; for the student named above, to the school individual, company or agency identified above.

We must receive signed authorization before requesting a transcript.

SEND COMPLETED FORM TO:

TIPS Office of Admissions, 1057 Sixth Avenue, Huntington, WV 25701

Fax: (304) 522-1889

1057 SIXTH AVENUE, HUNTINGTON, WV 25701

PHONE: (304) 522-1888

FAX: (304) 522-1889

TIPSWV.COM