



To Whom It May Concern:

I have applied for admission to Post University ("Post"). Post requires a copy of my academic transcript from the institutions identified in this written request. If your institution is identified below, I hereby authorize Post to request from you, and for you to send to Post on my behalf, such academic transcript.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

**PLEASE NOTE:** IF YOU ARE AN UNDERGRADUATE CANDIDATE AND WILL BE REQUESTING FEDERAL FINANCIAL AID, FEDERAL REGULATIONS REQUIRE THAT THE HIGH SCHOOL ENTERED ON THE FAFSA FORM MUST MATCH THE HIGH SCHOOL YOU LIST BELOW.

Institution Name, City, State & Zip Code	Name When in Attendance (If Different)	Currently Enrolled (Yes/No)	Attendance Years/ Graduation Year	Diploma Type (HS, GED, Adult Ed or College)

Please forward the transcript to Post University, Main Campus Admissions, 800 Country Club Road, P.O. Box 2540, Waterbury, CT 06723-2540. Post University will remit any reasonable transcript fee on my behalf. If you have any questions do not hesitate to contact me at the telephone number listed above.

Signature

Date