

Please send your signed and completed form via fax to (800) 473-2512
Please note: Some institutions may require the student to obtain transcripts directly; if this is the case, your enrollment counselor will contact you.

Rivier University: Transcript Release Form

TRANSCRIPT RELEASE AUTHORIZATION

I authorize my official transcripts to be sent to Rivier University C/O The Learning House and allow any necessary follow-up to acquire said transcripts listed below.

Applicant's Signature: _____ Date: _____

Legal Name: _____
First Last Maiden other

Permanent Address: _____
Street City State Zip

Date of Birth: ____ - ____ - ____ **Social Security Number or Student ID Number:** _____ - ____ - _____

Phone: (____) _____ **Email:** _____

1. Institution Name: _____

Mailing Address: _____
City State Zip

Dates Attended From: _____ to: _____ **Degree Earned/ Program Seeking (if any):** _____

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2. Institution Name: _____

Mailing Address: _____
City State Zip

Dates Attended From: _____ to: _____ **Degree Earned/ Program Seeking (if any):** _____

.....

3. Institution Name: _____

Mailing Address: _____
City State Zip

Dates Attended From: _____ to: _____ **Degree Earned/ Program Seeking (if any):** _____

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Have more schools for us to request transcripts from? Please use additional sheets.

Return official transcript materials to:

Rivier University
C/O The Learning House
801 East Park Drive, Suite 105
Harrisburg, PA 17111

Or email transcripts@learninghouse.com