

SPRING ARBOR UNIVERSITY

RELEASE OF INFORMATION

Please note: 1. This form must be completed by transfer applicants who lived on campus at the college most recently attended AND who attended within the last four years. Applicants who did not live on campus at the college most recently attended do NOT need to submit this form as part of the application process. 2. THIS FORM WILL NOT RELEASE YOUR ACADEMIC TRANSCRIPT TO SPRING ARBOR UNIVERSITY. You must contact the registrar of colleges previously attended to request transcript releases.

Part I. This section is to be completed by the transfer student.

Name of Student _____
First Middle Last Maiden Name

Transferring from _____
Name of Institution Date of Birth

Dates of Attendance _____

"I hereby grant permission to the appropriate college/university official to respond candidly to the questions asked on this form. With respect to the information concerning my previous enrollment as a student at other colleges and/or universities, pertinent information that Spring Arbor University receives from those institutions may result in my not being accepted as a student at Spring Arbor University. I realize such information may be damaging to me; therefore, I release all parties from all liability for any damage that may result from the furnishing of said information to Spring Arbor University."

Signature of Student

Date

Part II. This section is to be completed by the Dean of Students or similar official from the most recent college the student has attended and mailed by that college directly to Spring Arbor University.

1. Regarding college citizenship, how would you rank this student?

_____ Desirable _____ Questionable desirability _____ Undesirable

2. Has the student been:

On academic probation? _____ yes _____ no

On social discipline? _____ yes _____ no

Responsible for disruptive or irregular behavior? _____ yes _____ no

If yes, please explain. _____

3. Would this student be permitted to return to your institution for the next enrollment period or at a later date?

If no, please explain. _____

If yes, please indicate any conditions. _____

4. Please indicate the reason(s) why this student is leaving your institution. _____

5. Additional Comments: _____

Signature

Printed Name

Date

Position or Title/Institution

Please mail or fax this form **directly** to:

OFFICE OF ADMISSIONS
Spring Arbor University
106 E. Main St.
Spring Arbor, Michigan 49283
Admissions Office / 517.750.6468 or 800.968.0011
Fax / 517.750.6620
www.arbor.edu / e-mail: admissions@arbor.edu

