

*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.*

**Alvernia University Transcript Release Form**

**TRANSCRIPT RELEASE AUTHORIZATION**

*I authorize my official transcripts to be sent to Alvernia 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): \_\_\_\_\_

**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): \_\_\_\_\_

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

**Return official transcript materials to:**

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

***Or email if using secure service transcripts@learninghouse.com***

**Institution Records Office: If you cannot process this request please contact the Transcript Office at 800-293-7075 ext. 175**