



*Applicant: Please complete and send this form to the college or university that you are attending or have attended.*

*Be sure to remit transcript fees as required by the school.*

NAME: \_\_\_\_\_

Last

First

Middle/Maiden

ADDRESS: \_\_\_\_\_

City

State

Zip Code

PHONE #: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

DATES ENROLLED: \_\_\_\_\_

I have applied for admission to Northland International University. I hereby authorize you to release my college records and other information as requested to:

**OFFICE OF ADMISSIONS**

**Northland International University**

W10085 Pike Plains Rd.

Dunbar, WI 54119

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date