

## APPLICANT INFORMATION

Social Security Number:    -   -    Full Name: \_\_\_\_\_  
*Last First Middle Maiden*

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*Month Day Year*

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

Highest Grade Level Completed (circle one)      9      10      11      12

College Level (circle one):      FR      SO      JR      SR      Last enrollment term: \_\_\_\_\_

In compliance with the Family Educational Rights and Privacy Act of 1974: Public Law 93-380. Section 428, I hereby grant you permission to release the following information:

- Official Transcript  
 GED Certificate  
 Other \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The above named individual has completed an application for admission to Saint Augustine's College. Please forward an Official Copy of the indicated document(s) to:

**Saint Augustine's College**  
**Director of Admissions**  
**1315 Oakwood Avenue**  
**Raleigh, North Carolina 27610-2247**

Should you have any questions regarding this request, please contact the Office of Admissions at 1-800-948-1126 or 919-516-4012.

Your prompt response to this request is greatly appreciated.