

INDIANA **TECH**

SECONDARY SCHOOL REPORT

For Freshman Applicants Only

Applicant: Please complete the top portion, sign it, and submit form to your guidance office/advisor.

Student Name: _____
Last First Middle

Date of Birth: _____ Social Security Number: _____

I authorize any schools I have previously attended or am attending to release personal and academic information to Indiana Institute of Technology.

Student's Signature Date

*Please mail this completed form, an **official** copy of the student's high school transcript with class rank, cumulative g.p.a., and SAT/ACT scores to:*

**Admissions Office
Indiana Institute of Technology
1600 East Washington Boulevard
Fort Wayne, IN 46803**

This student ranks _____ in a class of _____ students as of _____

Cumulative G.P.A. _____ on a grading scale of _____

Has this student applied at any other college or institution? Yes _____ No _____

If so, where? _____

Comments: _____

Guidance Counselor's/Advisor's Name: _____

Position: _____ Office Telephone: _____

School Name: _____

School Address: _____
Street City State & Zip