

# COLLEGE RECORD FORM

## ***TO PROSPECTIVE TRANSFER STUDENT:***

The completion of this form is required of all individuals seeking admission to Lebanon Valley College as a transfer student. Your signature to the following statement will authorize your Student Services Office to provide Lebanon Valley College with the requested information. Please sign the statement, then forward it to the Dean of Students at the college(s) from which you are transferring.

"I hereby authorize the Dean of Students at \_\_\_\_\_  
*Name of college/university*

*to answer the questions below and forward them to the Vice President of Enrollment at Lebanon Valley College."*

Name (please print) \_\_\_\_\_  
*First Middle Last*

Social Security Number: \_\_\_\_\_

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

## ***TO THE DEAN OF STUDENTS:***

1. Is this student currently eligible to return to your institution?

\_\_\_ Yes \_\_\_ No **If no, please explain.**

2. Was the student involved in any disciplinary incidents at your school?

\_\_\_ Yes \_\_\_ No **If yes, please explain.**

3. Do you recommend that he/she be admitted to our institution?

\_\_\_ Yes \_\_\_ No

***Place official  
seal here***

Name (please print): \_\_\_\_\_  
*First Middle Last*

Title: \_\_\_\_\_ Telephone number: \_\_\_\_\_

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

Your prompt completion of this form is appreciated. Return it to the Vice President of Enrollment, Lebanon Valley College, 101 North College Avenue, Annville, PA 17003.

THANK YOU!