



Transfer Student Release Form

Section 1: To be completed by the student

Name:

Other name(s) under which your transcript may be located:

Address:

County:

City:

State:

Zip:

Home Phone:

Cell Phone:

Section 2: To be completed by the student

I do not have outstanding balances owed to any other college or university. True False

Comments:

I have not been, or currently involved in a Title IX investigation. True False

Comments:

I have not been convicted of a crime. True False

Comments:

If any of the above situations were marked "False" please explain:

Section 3: To be read, understood and signed by the student

"I attest that the statements above are true. I have read and understand that it is on my honor that the above statements are true and my acceptance to Bluffton University is based on such. I understand that my acceptance can and will be revoked should any falsification of statements be made on this form."

Signature

Date

Email completed form to admissions@bluffton.edu or mail to: Bluffton University, Office of Admissions, 1 University Drive, Bluffton, OH 45817