International Transcript Request and Release Authorization Form

Note to Applicant: Please complete the top part of this form and send it to the registrar or controller of the examinations at your institution. Print additional copies of this form if necessary. Please note that some institutions may charge a fee for this service.

Name of Applicant

UI Number
(if applicable)

Sex M F

Previous/Maiden Name

Date of Birth
(Day/Month/Year)

Current Address

Email

Phone

Fax

College or University

Dates of Attendance:
Month/Year

to

Degree/Diploma

Year Awarded

I hereby authorize the release of a transcript of my academic records to the University of Idaho.

Applicant's Signature

Date

Note to the Institution: The above-named person is applying to have his/her credentials evaluated and requests that a transcript of his/her academic records be released to the University of Idaho. Please enclose this form together with an official academic record and degree/diploma certificate in an envelope, sign and seal the envelope across the back flap, and send it directly to the University of Idaho.
All credentials written in any language other than English must be accompanied by English translations certified as accurate by the institution.

Name of Person Completing Form (Please print)

Position or Title

Fax

Email

Website

Authorized Signature

Date

Address

Date

Please return this form and official academic records directly to the University of Idaho:

Postal Mail :
Graduate Admissions Office
University of Idaho
875 Perimeter Drive MS 3019
Moscow, ID 83844-3019
USA

Express Courier:
Graduate Admissions Office
University of Idaho
Morrill Hall, Room 205
820 Idaho Avenue
Moscow, ID 83844-3019
USA