
Academic Records Request Form

For Applicants: This form is provided to facilitate the release of your academic records by your academic institution. You are responsible for contacting your academic institution directly.

1. Complete the top section of this form.
2. Submit this form to the registrar/controller of examinations and other authorized official where you obtained your credential(s).
3. Print additional copies of this form as necessary.
4. Note that some institutions may charge a fee for this service.

Last Name/Family Name _____ First/Given Name _____

Previous Name (if applicable) _____ Date of Birth (dd/mm/yyyy) _____

E-mail _____

Institution Name _____ Country _____

Dates Attended: from _____ to _____ Degree Name (if applicable) _____

Year of Award (if applicable) _____ Major _____

Student ID/Roll Number at Sending Institution (if applicable) _____

I hereby authorize the release of my academic records to Indiana State University.

Applicant's Signature _____ Date _____

For Authorized Officials: The person named above requests that her/his academic records be released to Indiana State University. His/her records/statements of marks should show all subjects completed and all grades/marks awarded for years of study.

1. Please complete this form and verify if a degree has been awarded and that the student has attended your institution.
2. Place this form and academic record(s) in an envelope.
3. Sign and seal the envelope across the back flap and send it directly to:

**Office of Admissions
Indiana State University
318 North Sixth Street
Terre Haute, Indiana, USA 47809-1904**

Institution Name _____

Degree Obtained (if applicable) _____ Date awarded (mm/yyyy) _____

Name of Official Completing Form (please print or type) _____

Title _____

Telephone (_____) _____ E-mail _____

Yes. The applicant's academic records are attached to this form.

Authorized Signature and Seal: _____ Date _____
