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Academic Credentials Request

Name of Applicant:	Transcript Research ID #:
Date of Birth:	Date:

Part I: Applicants: You are required to complete this form and submit it to your current and/or former institutions to have your academic records (transcripts, diplomas, degrees, diploma supplements, or other academic credentials) sent to Transcript Research for evaluation. Please note that some institutions may impose a fee for this service.

Name (Family Name / Last Name)		_,		
· · · · · ·				e / Maiden Name)
Are there any other names on you	ır academic reco	rds? If yes:		
Birthday (DD/MM/YY):	Institution	Name:		
Degree Name (if applicable):				
Dates of Attendance :	to	Identification # at Instit	tution:	
Year of Graduation:	Major:	Email:		
I authorize for my academic records to	be released to Tra	inscript Research.		
Signature			Date	
Name:	Title:			
Address of Institution:				
Email:	Fax #:		Phone #:	
The above named student attended	our institution,			,
from to	The	e student earned the		
(degree/diploma/certificate/other c	redential) on	(if applicable).		
Institutional Official's Signature		Institutiona	l Seal	Date
This form MUST be a	accompanied by	the official transcript, certificat	te, or other acaden	nic records.