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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) (Given Name / First Name) (Middle Name / Maiden Name)

Are there any other names on your academic records? If yes: _____

Birthday (DD/MM/YY): _____ Institution Name: _____

Degree Name (if applicable): _____

Dates of Attendance : _____ to _____ Identification # at Institution: _____

Year of Graduation: _____ Major: _____ Email: _____

I authorize for my academic records to be released to Transcript Research.

 Signature Date

Part II: Institutional Officials: The person identified in Part I wants to have her or his academic credentials (transcripts, degrees, diploma supplements, or other academic credentials) showing subjects studied and all marks or grades earned to be released to Transcript Research to complete their transcript evaluation. This form is not valid without the student's transcripts or other academic records.

Name: _____ Title: _____

Address of Institution: _____

Email: _____ Fax #: _____ Phone #: _____

The above named student attended our institution, _____,
 from _____ to _____. The student earned the _____
 (degree/diploma/certificate/other credential) on _____ (if applicable).

 Institutional Official's Signature Institutional Seal Date

This form **MUST** be accompanied by the official transcript, certificate, or other academic records.