

REQUEST FOR ACADEMIC RECORDS

Note to Applicant: It is your responsibility to ask your university/institution to send your records to International Education Evaluations. Please complete the top part of this form and submit it to the registrar, controller of examinations or other authorized official at your university. Note that some universities may charge a fee for this service.

a fee for this service.		·	·		, -
Last / Family Name		First / Given Name Date of Birth (dd/mm/yyyy)			
Previous Name (if applicable)					
Institution Name	Dates Attended From: (mm/yyyy) To: (mm/yyyy)				
Degree or Qualification Conferred Year of A (if applicable)		<u>l</u> ward		Major	/ Specialization
Student ID or Roll Number (if applicable)		Applicant's Email Address			
I hereby authorize the release o	f my academic rec	cords to IEE	or an IEE Ve	erification Par	tner.
Student's Signature			Date		
awarded for all years of study - be form along with the student's office Name of Official Completing For	cial records either e				
Email Address					
Name of Institution		l	JRL [www.]		
Confirmation of Enrollment Dates	attended FROM (mm/yyyy)		TO (mm/yyyy)		
Confirmation of Program Completion	Award/Conferral Date		Title of Degree/Credential/Qualification		
Language of Instruction and Texts					
Authorized Official's Signature		Date			
Please return this form with office Submit electronically (preferred)			nit via post		
records@myiee.org		International Education Evaluations			

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