



FULBRIGHT STUDENT PROGRAM

TRANSCRIPT RELEASE FORM *For transcripts from U.S. institutions*

I hereby authorize _____ to
(Name of U.S. Institution)

release five (5) official copies of my transcripts to:

As these transcripts will be sent to U.S. graduate schools as part of my application, please issue each in a separate sealed envelope.

Name (printed) _____

Signature _____ Date _____

University ID No. _____

Enrollment Period From _____ To _____

Month/Year of Graduation _____

Date Degree Granted _____