

## REQUEST FOR RELEASE OF ACADEMIC DOCUMENTS

\_\_\_\_\_ Date of birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## SECTION 1: TO BE COMPLETED BY APPLICANTS

Name \_

Please complete Section 1 completely and submit this form to your current and/or former academic institution(s) requesting that your official academic records be sent directly to One Earth International Credential Evaluations

Student identification #   Institution name   Dates of attendance to	(last/family name)	(first/given name)	(middle name)	(day) (month)	(year)	
Program of study	Any previous names used			Student identification #		
I authorize for my academic records to be released to One Earth International Credential Evaluations  Signature	Institution name			Dates of attendance to _		
Section 2: To Be Completed By Institutional Official  Please release the official academic credentials (transcript of study showing all courses, credits/hours of study and marks/grades received and degree certificate or confirmation of degree conferral, if applicable) of the above named applicant directly to One Earth International Credential Evaluations. Kindly complete Section 2 and return this form with the appropriate academic documents to One Earth by mail, fax or email.    Name Title	Program of study		Degree received	d		
Section 2: To Be Completed By Institutional Official  Please release the official academic credentials (transcript of study showing all courses, credits/hours of study and marks/grades received and degree certificate or confirmation of degree conferral, if applicable) of the above named applicant directly to One Earth International Credential Evaluations. Kindly complete Section 2 and return this form with the appropriate academic documents to One Earth by mail, fax or email.    Name Title	I authorize for my academic records to be released to One Earth International Credential Evaluations					
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Email Phone Fax	Please release the official academic credentials (transcript of study showing all courses, credits/hours of study and marks/grades received and degree certificate or confirmation of degree conferral, if applicable) of the above named applicant directly to One Earth International Credential Evaluations. Kindly complete Section 2 and return this form with the appropriate academic documents to One Earth by mail, fax or email.					
Institution mailing address  The above named was/is a student at	Name		Title _			
The above named was/is a student at	Email	Pho	ne	Fax		
(name of institution)  from to and earned the degree of (title of degree/certificate/diploma, if applicable)  on  Stamp/seal of institution	Institution mailing address					
on  (date awarded)  Stamp/seal of institution		(name of institution	,			
on  (date awarded)  Stamp/seal of institution	from to	and earned the de	gree of	agran/agriffagta/dialogo if applicable)		
	I on .		(title of di	egree/ceruncate/diploma, ii applicable)		
Institutional official's signature Date	Stamp/seal of institution					
	Institutional official's signature			Date		