



Request for Academic Records

Note to Applicant: It is the responsibility of individual applicants to have their official academic records forwarded to Global University. Please complete the top portion of this form and submit it to the registrar or other authorized official at each academic institution where you attended. Please note that some institutions may require a fee for providing this service.

Family Name/Last Name		First Name	
Maiden Name (if applicable)	Date of Birth (i.e. 05 / JAN / 1987)	Email	
Institution Name	Dates Attended From _____ To _____ (month/yr) (month/yr)		
Degree Name (if applicable)	Year of Award (if applicable)	Major (if applicable)	
Student ID or Roll Number at sending institution (if applicable)			

I hereby authorize the release of my academic/transcript records to Global University.

Applicant's Signature: _____ Date: _____

Note to Authorized Official: The above named person seeks to have his/her credentials evaluated and requests that a transcript of his/her academic records/statements of marks—showing all subjects completed and all grades/marks awarded for all years of study—be released to Global University. Please complete this form, place the form and academic/transcript record in an envelope, sign and seal the envelope across the back flap, and send it directly to Global University at the address listed below.

Name of Official Completing Form (Please Print or Type)		Title	
Address			
City	State/Province	Country	Postal/Zip Code
Telephone		Fax	
Email		URL	

Confirmation: I confirm that the student named above attended _____ Institution Name
Dates of attendance from _____ to _____
month/yr month/yr
Degree obtained (if applicable) _____
month/yr

Authorized Signature and Seal _____ Date _____

Yes, the applicant's academic/transcript record is attached to this form.

Postal Mail: Global University
Attn Registrar
1211 South Glenstone Avenue
Springfield, MO 65804-0315
USA

(PLEASE RETURN THIS FORM TOGETHER WITH THE OFFICIAL ACADEMIC RECORDS/STATEMENT OF MARKS)