



FULBRIGHT PROGRAM

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

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

release five (5) official copies of my transcripts to the **Fulbright and Academic Services Division,**

Institute of International Education, 809 United Nations Plaza New York, NY 10017. Any charges

for the transcripts should be billed to the Director of Placement Services at IIE. 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) _____

(Student's Signature) Date _____

Student's University ID No. _____

Enrollment Period From _____ To _____

Month/Year of Graduation _____

Date Degree granted _____