1. Complete this form and sign it.
2. Pay at the Cashier’s Office and submit it to the Admissions Office.

**Note: The University is not responsible for keeping requested documents that are not collected within 6 months from the date of request. After six months a new request should be submitted.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ID Number: | | |  | | | | | | Date of Request: | | |  | | | | | |
| Family Name: | | |  | | | | | | First Name: | | |  | | | | | |
| Father’s Name: | | |  | | | | | | Major: | | |  | | | | | |
|  | | | | | | | | | | | | | | | | | |
| Number of Official Transcripts: | | | | | | |  | | | Copies of Degrees to Be Verified:  (*Copy of degree should be provided*) | | | | | | |  |
| Number of Student Copies of Transcript: | | | | | | |  | | | Number of Items to Be Mailed: | | | | | | |  |
|  | | | | | | | | | | | | | | | | | |
| Address where the requested documents will be mailed to: | | | | | | | | | | | | | | | | | |
| 1. |  | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | |
| 2. |  | | | | | | | | | | | | | | | | |
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| Signature: | |  | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | |
| ***Authorization to a Third Party to Pick Up the Transcript/Verified Degree Copies*** | | | | | | | | | | | | | | | | | |
| I, the undersigned, allow Ms./Mr. | | | | |  | | | | | | | | | to pick up my documents. | | | |
| For the authorization to be valid, a copy of the ID/passport should be attached. | | | | | | | | | | | | | | | | | |
| Signature: | | |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| ***Party Picking Up the Transcript/Verified Degree Copies*** | | | | | | | | | | | | | | | | | |
| Signature of Person Receiving the Certificate: | | | |  | | | | | | | | | Date: | |  | | |
|  | | | | | | | | | | | | | | | | | |
| ***For Official University Use*** | | | | | | | | | | | | | | | | | |
| Fees Paid: | | |  | | | Request Received By: | |  | | | Request Prepared By: | | | | |  | |
| Signature of Cashier: | | |  | | | Expected Date of Issue: | |  | | | Date of Issue: | | | | |  | |