



Transcript Request and Release Authorization Form

Note to the APPLICANT: Complete the top part of this form and send it to the Registrar or Controller of examinations at your institution. Print additional copies of this form if necessary. Please note that some institutions may charge a fee for this service.

IMPORTANT: Only transcripts sent [DIRECTLY from the institution to UNLV Singapore Admissions Office](#) will be regarded as official academic records. Transcripts received via the applicant will **not** be considered official transcripts.

Name of Applicant: _____

SSN or ID number: _____

Date of Birth: _____

Current Address: _____
(City) State/Province

Country Zip/Postal Code

Email: _____

College or University: _____

Dates of Attendance: From: _____ (Month/Year)

To: _____ (Month/Year)

Degree/Diploma: _____

Year Awarded: _____

I hereby authorize the release of a transcript of my academic records to the University of Nevada Las Vegas-Singapore

Applicant's Signature: _____ Date: _____

Note to the INSTITUTION: The above-named person is applying to have his/her credentials evaluated and requests that a transcript of his/her academic records be released to UNLV, Singapore. Please enclose this form together with an official academic record in an envelope, sign and seal the envelope across the back flap, and send it [DIRECTLY to UNLV Singapore](#).

Name of Person completing form: _____
(Please print)

Position or Title: _____

Address: _____

Country: _____

Telephone Number Fax Number: _____

Email/Website: _____ / _____

Authorized Signature/Date: _____

Please return this form and official academic records [DIRECTLY to UNLV Singapore](#) at:

**UNLV Singapore Admissions Office
100 Victoria Street
National Library Building # 11-02
Singapore 188064**