

TIFFIN UNIVERSITY

Academic Records Request Form

A. For Student Applicants: This form is provided to facilitate the release of your academic records by your academic institution. You are responsible for contacting your academic institution directly.

- 1) Complete the top part ("Part A") of this form.
- 2) Submit this form to the registrar/controller of examinations or other authorized official where you obtained your credential(s).
- 3) Print additional copies of this form as necessary to be submitted to any other schools attended

Last/Family Name	First/Given Name	
Previous Name (if applicable)	Date of Birth (dd/mm/yyyy)	E-mail
Institution Name	Country	Dates Attended From _____ To _____ (mm/yyyy) (mm/yyyy)
Degree Name (if applicable)	Year of Award (if applicable)	Student ID (if applicable)

I hereby authorize the release of my academic records to Tiffin University (USA)

Applicant's signature: _____ **Date:** _____

B. For Authorized Officials: The person named above requests that their academic records be released to Tiffin University. His or her records/statement of marks should show all subjects completed and all grades/marks awarded for all years of study.

- 1) Please complete the section below ("Part B") of this form.
- 2) Place this form and academic record(s) in an envelope.
- 3) Sign and seal the envelope across the back flap.

Institution Name:	
Degree obtained: (if applicable)	Date awarded: (month/yr)
Name of Official Completing Form: (please print or type)	Title:
Telephone:	Email:

Authorized signature: _____ **Date:** _____

Please send this form and academic records directly to Tiffin University by using the address below:

<p>Tiffin University Attn: International Admissions 155 Miami St. Tiffin, OH 44883 USA</p>
