



Request for Academic Records Release

Applicant

It is the applicant's responsibility to have their academic records forwarded to GAE. Please complete the form and submit it to the authorized official at the institution that you attended. Some institutions may charge a fee for this service.

Last/Family Name	First/Given Name	Previous Name (if applicable)
GAE Reference Number	Date of Birth (dd/mm/yyyy)	Student ID Number
Email	Institution Name	Dates Attended (mm/yyyy) From To
Degree Name (if applicable)	Date Awarded (if applicable)	Major

I hereby authorize the release of my academic records to Global Academic Evaluators

Applicant's Signature: _____ Date: _____

Institution Official

The above-mentioned person seeks to have his/her academic records/ transcript/ statement of marks released to Global Academic Evaluators to have his/her academic records be evaluated. Please complete this form and place it, along with all academic record in an envelope signed and sealed across the back. Please send it directly to Global Academic Evaluators at:

Global Academic Evaluators
2620 S. Parker Rd., Suite 210
Aurora, CO 80014
USA

Name of Official Completing Form		Title
Address		
City	Country	Postal Code
Telephone	Fax	Email

Statement: I confirm that the above-named person attended: _____
Institution Name

Dates of attendance (mm/yyyy): From: _____ to _____

Degree obtained (if applicable): _____ Date Awarded (mm/yyyy): _____

Signature and Seal: _____ Date: _____

