

REQUEST FOR OFFICIAL TRANSCRIPT



2 WASHINGTON STREET, NEW YORK, NY 10004 • 1.646.378.6101

STUDENT INFORMATION

please print clearly

Dates Attended: _____ Institution: _____
MM/YY - MM/YY

LAST NAME FIRST NAME MIDDLE INITIAL

NAME USED WHEN ATTENDING INSTITUTION LISTED ABOVE

BIRTH DATE (MM/DD/YY) SOCIAL SECURITY NUMBER

A check for \$_____ is enclosed to cover transcript fees.

I give permission for my official transcript and other information to be sent to Alliance University.

STUDENT'S SIGNATURE

DATE

REGISTRAR

Please mail this form with applicant's official transcript to:

Alliance University Admissions Office
2 Washington Street
New York, New York 10004

Submit electronic transcripts through Parchment or eScrip-Safe. Foreign college transcripts must be submitted to World Evaluation Services (WES) or Globe Language Services for evaluation.