



International American University — College of Medicine
Office of the Registrar
 17950 Preston Road, Suite 460, Dallas, TX 75252
 registrar@iau.edu.lc

Transcript Request Form

Print your name and address

Name: _____
 Last First Middle Initial

Address: _____
 Street

City State Zip Code

Email Address Phone #

Hold for current semester grades? Yes No _____
 Specify Semester

Graduated: Yes No If yes, date: _____ Degree _____

Transcript requested: Official Copy (sent to recipient below) Student Copy (sent to the student, unofficial)

Please send an official transcript of my academic records from: _____ to _____
 to the address indicated below:

Print full name and address below of recipient

Name: _____
 University/College Name

Attn: _____
 Name

Address: _____
 Street

City State Zip Code

Reason for Official Transcript: Financial Aid Loans Transfer Other (please explain) _____

READ CAREFULLY: Official transcripts are \$ 25.00 per copy. Student copies are free. Expedited shipping is not included in this fee. Students who require expedited shipping must provide IAU with a prepaid shipping label. Official Transcript requests will not be processed without the required payment. Transcripts are sent out within 5 business days.

 Student Signature Date

Credit Card Information

Credit Card Number: _____
 Expiration Date: _____ 3 Digit Code: _____
 Card Holders Name: _____
 Card Holder Signature: _____
 Amount Authorized to be charged: _____

By signing above, I give authorization to International American University (IAU) to charge my credit card.

IAU office only

Finance _____ Date _____ Payment Processed Financially Clear

Registrar _____ Date _____