

Ilam University

## Request for Academic Records

**Note to Applicant:** It is the responsibility of individual applicants to have their academic records forwarded to Ilam University. Please complete the top part of this form and submit it to the registrar/controller of examinations or other authorized official at the academic institution where you obtained your credential(s). Print additional copies of this form if necessary. Please note that some institutions may charge a fee for this service.

Last / Family Name	First / Given Name(s)	Middle Name(s)
Previous Name (if applicable)	Date of Birth	E-mail
Institution Name	Dates Attended From _____ To _____ ( dd/mm/yyyy) ( dd/mm/yyyy)	Student ID / Roll Number at sending institution (if applicable)
Degree Name (if applicable)	Year of Award (if applicable)	Class / Score / Grade of Diploma / Degree Cumulative grade point average: _____ Cumulative rank in course: _____ No. of students attending course: _____  Highest grade in your department / school: _____ Lowest grade in your department / school: _____

I hereby authorize the release of my academic records to University of.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Note to Authorized Official:** The above-named person is applying for admission to Ilam University and requests that a transcript of his/her academic records/statement of marks - showing all subjects completed and all grades/marks awarded for all years of study - be released to Ilam University. Please complete this form, place the form and academic record in an envelope, sign and seal the envelope across the back flap, and send it directly to Ilam University at the address provided below.

Name of official Completing Form	Title	
Address		
City	Country	Post Code
Telephone	Fax	
E-mail	URL www.	

**Confirmation:** I confirm that the student named above attended \_\_\_\_\_  
(Institution Name)

Dates attended from \_\_\_\_\_ to \_\_\_\_\_  
(month / year) (month / year)

Degree obtained ( if applicable) obtained ( if applicable) ----- Date Awarded ( month/ year)  
Degree Name

Authorized signature and STAMP \_\_\_\_\_

Date \_\_\_\_\_

Yes, the applicant's academic transcript / statement of marks is attached to this form.

Mailing Address : International Office, Ilam University, Postal Code: 69315-516, Iran; E-mail:  
a.ghorbani@mail.ilam.ac.ir