Transcript Release Form

I, _____ request and hereby authorize that my official
Full Name

academic record (transcript) to be sent from _____
SAF Host University

to the Study Abroad Foundation (SAF) at the completion of my enrollment in said

university/college. I plan on attending the university/college listed above for

_____ . I am willing for this information to be released to SAF
Fall Semester, Spring Semester, Academic Year, etc,

and I understand that if there is a charge for the issuance of an official transcript that SAF

will pay the transcript issuance fee on my behalf.

_____

Student Signature Student ID # Date

Number of Copies needed: 1

Address where TRANSCRIPT is to be sent :

The Study Abroad Foundation
1100 West 42nd Street, Suite 216A
Indianapolis, IN 46208