



### REQUEST FOR HIGH SCHOOL OR COLLEGE TRANSCRIPTS

**STUDENT:** Send a completed form to the high school you graduated from and each college you previously attended. Official transcripts must be sent directly to the Schiller International University Registrar’s Office from each school or college previously attended.

**SCHOOL:** Please attach a copy of this form to the official transcripts and mail to:  
Schiller International University Phone: 727-736-5082  
Office of the Registrar FAX: 727-738-8405  
8560 Ulmerton Road  
Largo, FL 33771

*I hereby authorize the release of my transcripts to Schiller International University.*

**PRINT OR TYPE**

<b>NAME</b>		
Last	First	Middle
<b>ADDRESS</b>		
Street	City	State and Zip

*I attended the following high school or college:*

*Name of High School or College:	
Location of High School or College:	City State
Name as it appears on Transcript:	
Years attended:	
Year of Graduation/Completion:	
Date of Birth:	
Social Security Number:	

**\*If you completed a GED Certificate, identify the name of the testing site rather than the name of the high school.**

**Authorization to Release Transcripts/Records:**

I certify that I have attended the school identified. I request that a copy of the transcripts or GED certificate be forwarded to Schiller International University at the address identified above.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**International Students Only:** International students must submit copies of official transcripts in the original language along with certified English translations of the documents. The student must also pay for transcripts to be evaluated.