

International Transcript Request and Release Authorisation Form

For the applicant

Please complete this form and send it to the registrar's or controller of examination's office at your institution.

Name of applicant: _____

Previous/maiden name, if any: _____

Date of birth: _____

College or university: _____

Degree(s) awarded: _____

Year(s) of award: _____

Student number: _____

I hereby authorise the release of my academic records to the Danish Agency for Higher Education and Science, which is part of the Ministry of Higher Education and Science.

Date

Applicant's signature

For the institution

The above-named person has applied for his/her academic credentials to be evaluated and requests that a transcript of his/her academic records be released to the Danish Agency for Higher Education and Science.

We ask that you send us:

- the transcript of records
- a letter confirming that the above-named person has completed the studies and has been awarded the degree(s)

Please send the documents either in a sealed envelope or by email:

Sealed envelope

1. Place this form, the confirmation letter and the transcript of records in an envelope.
2. Sign and seal the envelope across the back flap.
3. Send the letter to: Danish Agency for Higher Education and Science
Haraldsgade 53
DK-2100 Copenhagen Ø
Denmark

Email

1. Scan this form and attach it to an email.
2. Attach the confirmation letter and transcript of records.
3. Send the email to: yur@ufm.dk.