Transcript Release Form

Student Signature	Student ID #	Date
will pay the transcript issuance	e fee on my behalf.	
and I understand that if there i	is a charge for the issuance of an officia	al transcript that SAF
Fall Semester, Spring Semester, Academ	I am willing for this information to ic Year, etc,	be released to SAF
university/college. I plan on a	ttending the university/college listed a	bove for
to the Study Abroad Foundati	on (SAF) at the completion of my enro	llment in said
, , ,	SAF Host Univ	ersity
academic record (transcript) to	be sent from	
l,Full Name	request and hereby authori	ze that my official

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