



TRANSCRIPT RELEASE FORM

University of Wisconsin-Madison, International Academic Programs

250 Bascom Hall, 500 Lincoln Drive, Madison, WI 53706

Tel: 608-265-6329 Fax: 608-262-6998

To Whom It May Concern:

I give the Registrar's Office of the University of Wisconsin-Madison permission to release one (1) copy of my official transcript to the International Academic Programs, 250 Bascom Hall.

I understand that once the grades are posted for the semester(s) in question, International Academic Programs will forward my official transcript to my home university.

Furthermore, if there are any holds on my academic record that prohibit the release of my transcript, it is my responsibility to clear the holds before leaving Madison. (Holds can be checked through My UW online.)

If necessary, I can be contacted at the following e-mail address after the end of the current term:

E-mail: _____

Signature _____ Date _____ UW-Madison Student ID# _____

Last (Family) Name (please print in BLOCK LETTERS) _____ First Name (print in BLOCK LETTERS) _____