



International Transcript Request and Release Authorisation Form

Note to 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: _____

Date of birth: _____

College or university: _____

Dates of attendance:	From	To
	(month/year)	(month/year)
	_____	_____

Student number: _____

I hereby authorize the release of my academic record to the Norwegian Agency for Quality Assurance in Education (NOKUT).

Date

Applicant's signature

Note to institution: The above-named person has applied for his/her academic credentials to be evaluated and requests that a transcript of his/her academic record be released to the Norwegian Agency for Quality Assurance in Education. We ask that you enclose this form together with an official academic record in a sealed envelope and sign across the back flap. Return the sealed envelope directly to the Norwegian Agency for Quality Assurance in Education (NOKUT).

Please return this form directly to the Norwegian Agency for Quality Assurance in Education by mail to

Norwegian Agency for Quality Assurance in Education (NOKUT)
P.O. Box 578
N-1327 Lysaker
Norway