

INTERNATIONAL TRANSCRIPT REQUEST AND RELEASE AUTHORIZATION FORM

Note to applicant: If you have higher education from the USA, the Philippines, Eritrea, Ethiopia, Nigeria, Ghana, Cameroon or the Sudan, you must make a request to your university/college to send the transcript of your academic records directly to Oslo University College.

Please complete this form and send it to the registrar's or controller of examinations office at your foreign education institution. **NB!** Before sending the form, please make sure you know at which faculty at Oslo University College your application will be processed, and complete the name of the faculty on the form (below). Please see www.hio.no > *Study Programmes* for an overview of the faculties and programmes at Oslo University College.

Name of applicant: _____

Previous name(s) (if applicable): _____

Date of birth (DD/MM/YY): _____

University/college: _____

Dates of attendance: from (month/year) – to (month/year) _____

Student number: _____

I hereby authorize the release of my academic records to Oslo University College

Date and applicant's signature

Note to the institution: The above-named person has applied for his/her academic credentials to be evaluated for recognition at Oslo University College, and requests that a transcript of his/her academic records be released to Oslo University College. We ask you to enclose this form with an **official academic record in a sealed envelope and sign across the back flap.**

Please return the sealed envelope and this form **directly** to the relevant faculty at Oslo University College by post/mail:

Oslo University College
Faculty of *[Faculty name must be entered by applicant before submitting the form.]*
P.O. Box 4 St. Olavs plass
N-0130 OSLO
Norway