**INTERNATIONAL EXCHANGE TRANSCRIPT RELEASE**

***Please print and only fill out the top half.***

Today’s Date:

Student’s M#: Date of Birth:

Students Name:

 Last First Middle

I hereby give Murray State University permission to release my academic transcripts to Institute for International Studies (IIS). IIS will be responsible for forwarding my academic transcript to:

NAME OF HOME UNIVERSITY: \_\_\_\_\_\_\_\_

Begin and End date at Murray State University: \_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature

Date

*For IIS Office Use Only – Please do not write below.*

Fall Spring

*For Transcript Office Use Only*

Processed by:

Processed Date: