



Transcript Request Form

Student ID: Date:

Student Name: ,
(Last) (First)

To (office/individual): Phone:
Int'l Code - (Area Code) - Local No.

School:

Street Address:
(No P.O. Box)

City: State/Province:

Country: ZIP/Postal Code:

Note: With your tracking number, view your shipment online at aramex.com

Documents to be included in envelope:

- Official ABS transcript
- Counselor Letter of Recommendation
- International Supplement
- Secondary School Report
- Other (.....)
- Other (.....)

Requested Mailing Date:

* Date must be at least two weeks from the current date

* It is the student's responsibility to know the university's application deadline

Finance department use only

Payment Received

Amount Received KD

Date:

Accountant Signature