



International Development Institute

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39 West 32nd Street, Suite 1101 - New York NY 10001 Tel. 212-594-1917 Fax (212) 594-2534

Registration Office

SCHOOL TRANSCRIPT REQUEST

Date: _____

The student indicated below has applied for admission to this school. In order to process the application, we must have an official copy of the student's academic record from your institution.

Please return the student's transcript along with this form to:

Credential Verification Office

International Development Institute
P.O. BOX 20260 - New York, NY 10001

Student's Date of Birth: ____/____/____ Social Security #: ____/____/____
MONTH DAY YEAR

Student's Last Name (as on our school records) / First Name / Middle Name / Other Legal Name Used

Father's Last Name, First Name Mother's Maiden Name: Last, First

Home Address at the time of attendance at International Development Institute Apt. _____

City / Town State Zip Code

Name and address of School from which information is requested

Dates of Attendance: From: _____ To: _____

I authorize you to release my school transcript to International Development Institute.

Student Signature: _____ Date: _____