

Master of Science in Accounting and Information Analysis
College of Business and Economics
Lehigh University
Bethlehem, Pennsylvania 18015

TRANSCRIPT REQUEST

Please print or type

**TO THE
APPLICANT**

Applicants must submit official transcripts from **all** undergraduate institutions. **Transcripts must be in a sealed envelope.** Send the completed request form and the enclosed envelope to the Registrar at the appropriate institution. If you have attended more than one college or university, undergraduate or graduate, you should photocopy this form. To avoid delays, check the institution's policy regarding official transcripts.

Student ID or SSN #

Date of Birth

Name of Applicant

Last(family)

First

Middle

Address

Name of Institution

Dates of Enrollment

From

To

Degree Conferred (if applicable)

I hereby authorize the release of my transcript(s) to the College of Business and Economics, Graduate Programs Office at Lehigh University.

Signature of Applicant

Date

**TO THE
REGISTRAR**

The above person requests that a transcript of his or her academic record be released to the College of Business and Economics Graduate Programs Office at Lehigh University. Please enclose this form with the official transcript in a sealed and signed envelope. Return the envelope to the applicant so it can be included in his/her application.