



A Graduate School of National Security
and International Affairs

THE INSTITUTE OF WORLD POLITICS

Office of the Registrar ◊ 1521 16th St, NW ◊ Washington, DC 20036
www.iwp.edu ◊ 202.462.2101

Cost Per Copy: \$5.00

Add additional for:
Domestic Overnight Mail \$ 30.00
International Overnight Mail \$100.00

TRANSCRIPT REQUEST FORM

Student Information:

| | | | | | |
|-------------------------------|-------|-------|--|---|--|
| Name Used While at IWP: _____ | | | <input type="checkbox"/> Current Student | <input type="checkbox"/> Former Student | |
| _____ | _____ | _____ | | | |
| | Last | First | M.I. | | |
| Address: _____ | | | Telephone Number : _____ | | |
| City, State, Zip _____ | | | Dates of Attendance: _____ to _____ | | |

Order Information:

| | |
|---|---|
| Date of Request: _____ | |
| Please send transcript(s) to the following addresses: | |
| # of copies _____ | Name of recipient or Institution _____ |
| | Address Line 1 _____ |
| | Address Line 2 _____ |
| | City, State, Zip _____ |
| | <input type="checkbox"/> Send Now <input type="checkbox"/> Wait for Current Semester Grades <input type="checkbox"/> Hold for Post-Graduation |
| | |
| # of copies _____ | Name of recipient or Institution _____ |
| | Address Line 1 _____ |
| | Address Line 2 _____ |
| | City, State, Zip _____ |
| | <input type="checkbox"/> Send Now <input type="checkbox"/> Wait for Current Semester Grades <input type="checkbox"/> Hold for Post-Graduation |
| | |
| # of copies _____ | Name of recipient or Institution _____ |
| | Address Line 1 _____ |
| | Address Line 2 _____ |
| | City, State, Zip _____ |
| | <input type="checkbox"/> Send Now <input type="checkbox"/> Wait for Current Semester Grades <input type="checkbox"/> Hold for Post-Graduation |

Total Amount Due: _____ **Payment Method:** Personal Check Money Order Credit Card

| | | | |
|-----------------------------------|-------------------------------|-------------------------------------|-------------------------------|
| Credit Card Authorization: | <input type="checkbox"/> Visa | <input type="checkbox"/> Mastercard | <input type="checkbox"/> AMEX |
| Printed Name: | _____ | | |
| Signature: | _____ | | |
| Credit Card Number: | _____ | Code: | _____ |
| Expiration Date: | _____ | Billing Zip Code: | _____ |

I authorize THE INSTITUTE OF WORLD POLITICS, or its agent, to process this request for academic transcripts, and payment remittance for the same, as contained on this Transcript Request Form.

Student Signature: _____ **Date:** _____
(Required for Release of Records)