

INTERNATIONAL UNIVERSITY FOR GRADUATE STUDIES
Corner – Rodney & Sandwich Street, Portsmouth, Commonwealth of Dominica, W.I.
Phone: 888-989-4723 --- Fax: 1-844-373-5816

Official Transcript Release Form

To: The Registrar of IUGS

From: _____

I hereby give permission to International University for Graduate Studies to prepare and release my official transcript directly to me, or to the college, school or agency named below.

The first two transcripts you received were “free of charge”. *Additional transcripts can be ordered for a fee of \$25.00 each.* Please [click here for debit or credit card payment](#) or mail a check payable to International University for Graduate Studies to: International University for Graduate Studies, Attn: Joyette Daniel, Corner-Rodney & Sandwich Street, Portsmouth, Commonwealth of Dominica, W.I. Additionally: Scan and e-mail a copy of your check along with this request form to admissions@iugrad.edu.dm or fax to: 1-844-373-5816.

Please check this box if you would like your transcript enclosed in a sealed envelope.

I am requesting _____ transcript(s) for a total amount of \$ _____

Student Information:

Name, While Enrolled at IUGS:

Phone Number: _____

Email Address: _____

Current Mailing Address: _____

Date of Birth: _____ Social Security # _____

SIGNATURE: _____ DATE: _____