International Transcript Request and Release Authorization Form

Note to applicant: Please complete this form and send it to the registrar or controller of examinations at your institution.

Name of applicant: _____

Previous/maiden name: _____

Date of birth: _____

Name of university: _____

Dates of attendance:	From (month/year)	To (month/year)
	_____	_____

Student number: _____

I hereby authorize the release of my academic record to the Norwegian Directorate for Higher Education and Skills.

Date: Applicant's signature:

_____ _____

Note to the institution: The above-named person has applied for his/her academic credentials to be evaluated and requests that a transcript of his/her academic record be released to the directorate.

Please print and send the transcripts in a sealed envelope directly to one of the following addresses:

Regular mail: The Norwegian Directorate for Higher Education and Skills

P.O. Box 236 Sentrum, NO-0103 Oslo, Norway

DHL, UPS and other international courier, parcel and express mail services:

Adress: The Norwegian Directorate for Higher Education and Skills, RECOGNITION, SendSmart Solutions, Ploens gate 2B, NO-0181 Oslo, Norway

E-mail: recognition@hkdir.no **(for the shipping bill, DO NOT USE APPLICANTS E-MAIL ADRESS)**

Phone number: +47 21 49 56 09

If the educational institution is in the USA or Canada, they can send us the transcript through digital services such as Parchment, Student Clearinghouse, and MyCreds, to **recognition@hkdir.no.**

Please note that directorate has certain requirements for electronic transcripts and reserves the right to assess whether these are fulfilled. Transcripts sent as e-mail attachments are not accepted.