



**ECE**

# Academic Records Release Form

EDUCATIONAL  
CREDENTIAL  
EVALUATORS

ECE Reference #:

The person named below is requesting the release of their official academic records to Educational Credential Evaluators Inc.

## Personal Information:

Last or Family Name :		
First Name:	Middle Name:	Previous Name(s):
Date of Birth: (month/day/year)	Phone:	e-mail:

## Academic Information:

Institution Attended:	
Dates of Attendance: From: _____ To: _____	Student Registration Number: (if applicable)
Name of Diploma/Certificate/or Title Awarded:	

## Permission confirmation:

(PRINT YOUR NAME HERE)

I, \_\_\_\_\_ give the above-mentioned institution permission to release my official academic records to Educational Credential Evaluators, Inc.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Instructions for Institution Officials:

1. Please include this form with the official academic records issued for the above-named person.
2. The official academic record should include an institutional seal and authorized signature.
3. A seal, stamp, or signature of an official must overlap the flap closure on the back of the envelope.
4. Release the sealed envelope containing the official academic records in one of the following ways:
  - a) **OPTION 1:** directly to ECE by mail (post) or courier service (see address below), OR
  - b) **OPTION 2:** in person to the above-named person or their authorized representative.

**When sending documents directly to ECE Inc. please use the address below:**

Educational Credential Evaluators, Inc.  
101 W. Pleasant St. Suite 200  
Milwaukee WI 53212-3963  
USA