



FOREIGN CREDENTIALS SERVICE OF AMERICA
REQUEST FOR
ACADEMIC DOCUMENTS

Dr. William J. Paver, Director
1910 Justin Lane
Austin, TX 78757-2411
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email: info@fcsa.biz • www.fcsa.biz

1. TO BE COMPLETED BY APPLICANT

To the office of the Registrar of _____
Name of institution

I, _____, am requesting that my sealed, official/attested academic documents be sent to

Foreign Credentials Service of America _____ 2 _____ 3 _____
1910 Justin Lane _____
Austin, TX 78757-2411, USA _____

STUDENT INFORMATION

_____ Name when attending institution _____ Other names that might be used _____

_____ Course of study (department) _____ Degree(s) earned _____

_____ Period(s) of study (Month/Year to Month/Year)

- Please include transcript of studies (course titles, grades, hours attended)
 proof of award of degree (attested copy of diploma, letter from registrar)
 syllabus (description of classes from year of graduation)

Further information that might be helpful: _____

Signature of applicant _____ Date: _____

2. TO BE COMPLETED BY REGISTRAR'S OFFICE

Name of applicant at time of attendance: _____

Dates of attendance (Day/Month/Year) _____

Degree(s) awarded: _____

Signature of Registrar: _____ Date of issuance: _____

Please return this form to Foreign Credentials Service of America along with the sealed, attested documents.