

AMERICAN UNIVERSITY OF BEIRUT

REGISTRAR'S OFFICE

Address Sheet

for Transcript of Records (Official Copy mailed for foreign Universities)

NOTE: Separate Address Sheet required for each address to which transcripts will be sent.

STUDENT INFORMATION

.....
Student ID

.....
Name (First, Father, Last)

.....
Telephone

.....
e-mail

ADDRESS - Please fill out clearly using BLOCK LETTERS or PRINT

*** Kindly provide complete physical address if sending via Express Courier Pouch.**

Admissible format for physical address (if incomplete, the student bears full responsibility)

Name of Institution

Department name/contact name

Street number and street name

City Name Zip Code -

Country Name

Tel number (Extension if applicable)

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Number of copies to this address:

* **Send Transcripts to this Address by Express Courier Pouch? YES / NO**

.....
Date Requested

.....
Signature of Student

For Registrar's Office Use Only

.....
Processed by

.....
Date