

**Transcript Request Form**  
International School  
University of Haifa

Name: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ Passport #: \_\_\_\_\_

Please indicate on this form the address(es) to which you would like to have your transcript sent at the end of your program of study at the University of Haifa:

\_\_\_\_\_ Permanent Address:

Address 1: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Country: \_\_\_\_\_

\_\_\_\_\_ Current Address:

Address 1: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Country: \_\_\_\_\_

\_\_\_\_\_ Additional Address (i.e. home university):

Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Country: \_\_\_\_\_

\_\_\_\_\_ Additional Address

Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Country: \_\_\_\_\_

If you need transcripts sent to additional addresses, please list them on the back of this form.

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