



Transcript Request Form
International School
University of Haifa

First Name: _____ Last Name: _____ Maiden Name: _____
Street: _____ City: _____ State: _____
Zip Code: _____ Country: _____ Telephone: _____
E-mail: _____ Today's Date: _____
SSN: _____ Passport #: _____ Israeli ID #: _____

Choose one:

I took a NAZAM Hebrew exam at the
University of Haifa through the Kibbutz Ulpan
Program on: _____ (insert date)

I attended the University of Haifa in (check all
that apply):
 Summer
 Fall
 Spring
Year(s): _____

Total Number of Transcripts to be sent: _____

Address for transcript to be sent to:

Number of transcripts to be sent to this
address: _____

Address for transcript to be sent to:

Number of transcripts to be sent to this
address: _____

Address for transcript to be sent to:

Number of transcripts to be sent to this
address: _____

Address for transcript to be sent to:

Number of transcripts to be sent to this
address: _____

(continued on next page)

If you have additional addresses, please check here ____ and write them below.

Comments:

Cost:

Official transcripts are \$17 for the first copy and \$3 for each additional copy requested at the same time. Add \$25 per address for expedited*, 72-hour delivery.

Total Amount Included: _____

*Expedited Delivery: Expedited dDelivery can not be sent to postal boxes. You must provide us with a street address. You must also provide a contact person and phone number for each address where you want a transcript sent via expedited delivery. Please write the contact person and phone number next to the address.

Please send this form and your check made payable to "The University of Haifa" to:

Transcript Request
International School
University of Haifa
Haifa 31905
ISRAEL