

# SACM TRANSCRIPT RELEASE

*Please print and only fill out the top half.*

MSU Student's M#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Students Name: \_\_\_\_\_  
Last First Middle

I hereby authorize Murray State University (MSU) to release my transcript(s) to The Saudi Arabian Ministry of Higher Education and its representative the Saudi Arabian Cultural Mission (SACM). I give permission for MSU to release my transcript to SACM after grades are processed for the Fall and Spring semester. I understand that I am responsible for requesting and paying for my Summer/Winter semester transcripts to be sent to SACM. Transcripts will be sent until I complete my Bachelor and/or Master's Degree, withdraw from school, my financial guarantee is terminated or I revoke my consent in writing to the Office of the Registrar. Transcripts will be mailed to SACM at the following address:

**SACM**  
**8500 Hilltop Road**  
**Fairfax VA, 22031**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

*For Transcript Office Use Only*

Processed by: \_\_\_\_\_

Semester \_\_\_\_\_ FG \_\_\_\_\_

Processed Date: \_\_\_\_\_

Semester \_\_\_\_\_ FG \_\_\_\_\_