



**Mail or fax completed form to:**  
Compliance  
ChildCare Education Institute  
3059 Peachtree Industrial Blvd  
Duluth, GA 30097  
**Fax: 866.878.3608**

**Transcript Request Form**

To be completed by the Student (please type or print legibly)  
Please allow ten (10) business days for your request to be processed.

**Date of Request:** \_\_\_\_\_ **Student ID:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_  
Last First Middle/Former

**Address:** \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip

**Home Phone:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Daytime Phone:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Area Code Number Area Code Number

**Email Address/User Name:** \_\_\_\_\_

**Dates of Attendance:** \_\_\_\_\_ **Number of copies requested:** \_\_\_\_\_

**Send transcripts to:**  
\_\_\_\_\_  
Name  
\_\_\_\_\_  
Mailing Address  
\_\_\_\_\_  
City State Zip

I authorize the release of the official transcript of my academic record at ChildCare Education Institute (CCEI) to the name and address listed above. I understand a \$25 transcript fee will be assessed for the first copy, \$5 for each additional copy and have provided payment information.

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

<b>Credit Card Authorization:</b> _____ Credit Card Number _____ /_____ Exp. Date CVV Code Billing Zip Code _____ Card Holder's Name (Please Print) _____ Card Holder's Signature (Required)	<b>ACH Draft Authorization:</b> Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings _____ Name on the account _____ Routing # _____ Account # _____ Account Holder Signature	<b>For CCEI Internal Use Only:</b> FAME ID: _____ Date Received: _____ Total Transcript Fee Paid: _____ _____ Accounting Representative Signature Date Transcript Mailed: _____ _____ Compliance Specialist Signature
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