

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**

<p><u>Credit Card Authorization:</u></p> <p>_____ Credit Card Number</p> <p>_____/_____ Exp. Date CVV Code Billing Zip Code</p> <p>_____ Card Holder's Name (Please Print)</p> <p>_____ Card Holder's Signature (Required)</p>	<p><u>For CCEI Internal Use Only:</u></p> <p>FAME ID: _____</p> <p>Date Received: _____</p> <p>Total Transcript Fee Paid: _____</p> <p>_____ Accounting Representative Signature</p> <p>Date Transcript Mailed: _____</p> <p>_____ Compliance Coordinator Signature</p>
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