



**Submit Completed Forms:**

- Through the Student Portal on FAME
- By Email to [studentservices@cceionline.com](mailto:studentservices@cceionline.com)

**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

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\_\_\_\_\_

City
State
Zip

**Home Phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Daytime Phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**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><b><u>Credit Card Authorization:</u></b></p> <p>_____</p> <p style="text-align: center;">Credit Card Number</p> <hr/> <p>_____ / _____</p> <p style="text-align: center;">Exp. Date      CVV Code      Zip Code</p> <p>_____</p> <p style="text-align: center;">Card Holder's Name (Please Print)</p> <hr/> <p>_____</p> <p style="text-align: center;">Card Holder's Signature (Required)</p>	<p><b><u>For Internal Use Only:</u></b></p> <p>Fame ID: _____</p> <p>Date Received: _____</p> <p>Verification Fee Paid: _____</p> <p>_____</p> <p style="text-align: center;">Accounting Signature</p> <p>Date Letter Mailed: _____</p> <p>_____</p> <p style="text-align: center;">Approval Signature</p>
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