

Transcript Release Form

Name: _____ Student ID#: _____

Maiden Name: _____ Date of Birth: _____

Street Address: _____

City/State/Zip Code: _____ Phone Number: _____

Last 4 of SS# _____ Email Address: _____

Transcripts will not be released to students whose financial obligations to the College have not been met, nor to students whose loans are in default.

Reason for transcript request:

- To keep for my records
- To submit to my employer
- Taking a quarter off
- Transferring to another college
 - Name of college you're transferring to: _____
 - Reason you are transferring: _____
- Scholarship
- AMT

Have you ever attended College Excel Program?

- YES
- NO

Which NC location did you attend? Please circle one

- BRIDGEVIEW
- CHICAGO
- NAPERVILLE
- NC ONLINE

If you request an official transcript, you must provide the school or company's name and full address.

- OFFICIAL (\$5) # requested _____
- UNOFFICIAL (Free) # requested _____

HOW WOULD YOU LIKE YOUR TRANSCRIPTS SENT

- Fax **UNOFFICIAL** to: _____ ATTN: _____
- Email **UNOFFICIAL** to: _____
- Email **OFFICIAL** to: _____
- Pick up
- Mail to: _____

SIGNATURE: _____ **DATE:** _____

PLEASE NOTE: Transcripts are processed within three to four business days.

FOR OFFICE USE ONLY:

Student Accounts Release: Yes No By: _____ Date: _____

\$5 per transcript paid: Yes No By: _____ Date: _____

Student Records Release: Yes No By: _____ Date: _____