

Unofficial 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: _____

Reason for transcript request:

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> To keep for my records | <input type="checkbox"/> Scholarship |
| <input type="checkbox"/> To submit to my employer | <input type="checkbox"/> AMT |
| <input type="checkbox"/> Taking a quarter off | |
| <input type="checkbox"/> Transferring to another college | |
| o Name of college you're transferring to: _____ | |
| o Reason you are transferring: _____ | |

Have you ever attended College Excel Program?

- YES NO

Which NC location did you attend? Please circle one

- BRIDGEVIEW CHICAGO NAPERVILLE NC ONLINE

UNOFFICIAL (Free) # requested _____

HOW WOULD YOU LIKE YOUR TRANSCRIPTS SENT

- Email **UNOFFICIAL** to: _____
- 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: _____