



TRANSCRIPT RELEASE FORM

1530 Concordia West, Irvine California 92612 • Web www.cui.edu • Toll Free 800.229.1200 ext.1106 • Fax 949.854.6894
Attn: Graduate Admissions Office

I (Please Print) _____, a current, graduate, or former student of the school(s) listed below, request that you mail my official transcript and any other pertinent data to Concordia University Irvine. I am being considered for admission and this document is needed for further evaluation of my application.

NOTE: If you have requested official transcript(s) please disregard this form.

Postsecondary School _____ / _____ Current/Graduate/Former Student
Fax Number _____ Year/Degree Please circle one
Address _____
(Domestic School Only)

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Address _____
(Domestic School Only)

Postsecondary School _____ / _____ Current/Graduate/Former Student
Fax Number _____ Year/Degree Please circle one
Address _____
(Domestic School Only)

Birthdate: _____ S.S.N.: _____

Student's Maiden Name (If Applicable): _____

Home Address: _____

Student's Signature _____ Date _____

Disclaimer: Students are responsible for submitting all official transcripts by the specified deadline. This form is a courtesy and may take up to 4 to 6 weeks to process completely.