

TRANSCRIPT RELEASE FORM

1530 Concordia West, Irvine California 92612 • Web www.cui.edu • Phone 949-214-3025 • Fax 949-214-3025 Attn: Graduate Admissions Office _____, a current, graduate, or former student of the school(s) listed I (Please Print) 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 Year/Degree Fax Number Please circle one Address (Domestic School Only) Postsecondary School ______/____ <u>Current/Graduate/Former Student</u> Fax Number _____ Year/Degree Please circle one (Domestic School Only) Postsecondary School _____ _____/___Current/Graduate/Former Student Year/Degree Fax Number Please circle one 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 if it is within one month of the start of classes. This form is a courtesy and may take up to 4 to 6 weeks to process completely.