



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

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

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

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

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

Birthdate: _____ S.S.N.: _____

Home Address: _____

Student's Signature _____ Date _____

Parent's Signature _____ Date _____

(Parent's signature required if applicant is less than 18 years of age.)