

TRANSCRIPT REQUEST - Concordia Univ.
 1530 Concordia West, Irvine, CA 92612-3299
 FAX 949-214-3505 EMAIL registrar@cui.edu

STUDENT'S NAME & CURRENT ADDRESS

LAST NAME _____ FIRST _____ MI OR MAIDEN _____
 ADDRESS _____
 CITY, STATE, ZIP _____
 PHONE NO. (_____) _____
 LAST DATE OF ATTENDANCE AT CONCORDIA _____

NUMBER OF COPIES REQUESTED:

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____ - RUSH FEE (24 hr processing) \$15.00	_____
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TOTAL	_____

STUDENT'S SIGNATURE

AUTHORIZES RELEASE _____ E _____ XXX-XX-_____
 STUDENT ID# SOCIAL SECURITY # DATE

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