

TRANSCRIPT REQUEST - Concordia Univ.
 1530 Concordia West, Irvine, CA 92612-3299
 FAX 949-854-6713

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: (enter address on back)

<u> 1 </u> - FIRST COPY	<u> \$5.00 </u>
<u> </u> - ADDITIONAL COPIES @ \$2.00	<u> </u>
<u> </u> - RUSH FEE (24 hr processing) \$15.00	<u> </u>
<u> </u> - OVERNIGHT MAILING (domestic) \$25.55 (FedEx)	<u> </u>
TOTAL	<u> </u>

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

CREDIT CARD _____ NUMBER - Visa/Mastercard/Discover only EXP _____ C V V code _____

Send Transcripts Now
 Send Transcripts when DEGREE IS POSTED
 Send Transcripts when GRADES ARE POSTED for:
 Summer Fall Spring Student Teaching

OFFICE USE ONLY

PAID _____ MAILED _____
 check/cash/credit card

REQ # _____ LOGGED OUT _____

PLEASE NOTE:
 Allow 5-7 working days for processing (3-4 weeks after semester completed.)
 No transcript will be issued until all financial obligations have been met.

Please send transcript(s) to the following address:

Name

Address

Address

City, State, Zip

Name

Address

Address

City, State, Zip

Name

Address

Address

City, State, Zip

Name

Address

Address

City, State, Zip