



Transcript request form

To: Current student/Alumni: Please use this form to request a personal or an official copy of your transcript from Cornerstone Christian University. This copy of your transcript will be stamped "Student Copy to student," "Official Copy sent to School name" or the institution of your choice based on your request. There is a fee of \$10.00 for each official copy **requested.**

Where do you want ccu to send your transcript (s)

To: _____
Name of school you wish to send transcript to

Name of Department

Street Address or P.O. Box

City, State and Zip Code

REQUEST FOR TRANSCRIPT

Please send a copy of my transcript to:

One copy of my transcript

multiple copies: Enter # of copies _____

Cost is \$10.00 per copy. Total fee enclosed: \$_____.00

Student Copy no fee Official Copy \$10 per copy

Signature of student/Alumni

Date of your request

Student making this request

FROM THW STUDENT:

Student Name

Social Security Number or Student ID:#

Present Address

Student's Signature

Previous Address

Student Maiden Name (if applicable)

Years attended

City, State and Zip Code

Date of request

City, State and Zip Code

PEALSE NOTE: PERMANENT ACADEMIC RECORD IS NOT PERMITTED TO BE RELEASED TO A THIRD PARTY WITHOUT THIS WRITTEN PERMISSION FROM THE STUDENT. IT IS A VIOLATION OF THE PRIVACY ACT. IF YOU ARE NOT THE PERSON NAME ABOVE IN THE REQUEST, CANCEL THIS REQUEST NOW.

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