



Transcript Request Form

In accordance with the Federal Family Educational Rights & Privacy Act (FERPA) of 1974 and subsequent amendments, your academic records cannot be released without your consent. All outstanding financial, academic or administrative obligations to the Cleveland Clinic (CCF) must be absolved before a transcript can be processed for release.

Student's Full Name: _____

Current Address: _____

City: _____ State: _____ Zip: _____

CCF ID Number: _____

Date of Birth: _____

Phone Number: _____

Email Address: _____

CCF Program: _____

Dates of Attendance: To: _____ From: _____

Transcript Options:

Number of Copies:	<input type="checkbox"/> Official Transcript – Place Transcript in a Sealed Envelope (Sealed Transcripts are official as long as seal is unbroken)	<input type="checkbox"/> Issued to Student (Stamped 'Unofficial – Issued to Student' Stamp)
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Delivery Options:

<input type="checkbox"/> Hold for Pick-Up
<input type="checkbox"/> Mail Transcript

Mail Transcript to:

Name: _____

Institution/Company: _____

Department/College/School: _____

Address: _____

City: _____ State: _____ Zip: _____

Special Instructions:

Signature: _____ Date: _____
(required) (required)

Office Use ONLY!	Date Picked Up or Sent: (circle one)	
	Sent by:	

