CHILDCARE EDUCATION INSTITUTE
Teacher Enrichment Training Solutions

Mail or fax completed form to:
Compliance
ChildCare Education Institute
3059 Peachtree Industrial Blvd, Suite 100
Duluth, GA 30097
Fax: 866.878.3608

Transcript Request Form

To be completed by the Student (please type or print legibly)
Please allow ten (10) business days for your request to be processed.

Date of Request: _____ **Student ID**: _____

Student Name: _____
Last **First** **Middle/Former**

Address: _____
Street

_____
City **State** **Zip**

Home Phone: (_____) _____-_____ **Daytime Phone**: (_____) _____-_____
Area Code **Number** **Area Code** **Number**

Email Address/User Name:_____

Dates of Attendance: _____ **Number of copies requested:** _____

Send transcripts to:

_____
Name

_____
Mailing Address

_____
City **State** **Zip**

I authorize the release of the official transcript of my academic record at ChildCare Education Institute (CCEI) to the name and address listed above. I understand a $25 transcript fee will be assessed for the first copy, $5 for each additional copy and have provided payment information.

_____ _____
Student Signature **Date**

Credit Card Authorization:

_____
Credit Card Number

____/____ _____ _____
Exp. Date CVV Code Billing Zip Code

_____
Card Holder's Name (Please Print)

_____
Card Holder's Signature (Required)

ACH Draft Authorization:

Account Type: ☐ Checking ☐ Savings

_____
Name on the account

_____
Routing #

_____
Account #

_____
Account Holder Signature

For CCEI Internal Use Only:

FAME ID: _____

Date Received: _____

Total Transcript Fee Paid: _____

_____
Accounting Representative Signature

Date Transcript Mailed: _____

_____
Compliance Specialist Signature

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