Concordia University, St. Paul: Transcript Release Form

Notice to Institution Records Office: This is a request for official transcripts on behalf of a former student of your institution. Information needed to process this request can be found below.

Please return official transcript materials to:

Concordia University, St. Paul C/O The Learning House 32 Mount Joy Street, Suite 300 Mount Joy, PA 17552

Or email using a secure service to transcripts@csp.edu

If you cannot process this request, please contact the Transcript Office at 1-800-293-7075 ext. 133

APPLICANTS PLEASE COMPLETE ALL INFORMATION BELOW:

TRANSCRIPT RELEASE AUTHORIZATION

I authorize my official transcripts to be sent to Concordia University, St. Paul C/O The Learning House and allow any necessary follow-up, including the release of non-directory information, to acquire official transcripts from each of the institutions listed below.

	transcripts fi	rom each of the	e institutions lis	ted below.		
Signature:	Date:				-	
Legal Name:						
First				Last	Former Name(s)	
Permanent Address:	Street		City			Zip
D. 4 6 D* 41 .	2		V			
Date of Birth:		Social Security Number				
Phone			Email			
1. Previously Attended In	nstitution:					
Mailing Address:						
-	City		State	Zip		
Dates Attended from:	to:	Program Seeking/of study:				
Student ID Number:						
2. Previously Attended In						
Mailing Address:	City		State	Zip		
Dates Attended from:	to:	Progra	m Seeking/of st	udv:		
Student ID Number:			(s) Earned:	•		
3.Previously Attended In	stitution:					
Mailing Address:						
	City	_	State	Zip		
Dates Attended from:	to:	Progra	m Seeking/of stu	udy:		
Student ID Number:		Degree	(s) Earned:			

APPLICANTS: Please send your signed and completed form via fax to 800-473-2512 or email to transcripts@csp.edu

Please note: Some institutions may require you to obtain your official transcripts directly; if this is the case, your enrollment counselor will contact you.

If you attended additional schools, please use additional copies of this form