

# Concordia University Transcript Release Form

For your convenience, and on your behalf, Concordia University will pay for and process the request for your official transcripts for your application to Concordia University. Please complete and sign the release form and fax, mail, or scan and email it to the Office of Admission. Please note: *Concordia only requests and pays for your college transcripts up to the point of admission to the university. This means that any coursework completed after you are advised of an admission decision, including coursework you are currently completing, will still need to be submitted by you. It is your responsibility to request these additional transcripts to complete your file. This information is required to determine your eligibility for financial aid, admission, and potential transfer credits.*

Pursuant to provisions of the Federal Family Educational Rights and Privacy Act of 1974, (Public Law 93-380), I grant permission for the release of my academic record to Concordia University, but only on the condition that Concordia University will not permit any other party to have access to this record.

Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Applicant's signature: \_\_\_\_\_

**please type or print**

Name: \_\_\_\_\_  
Last Legal First Middle Preferred First Other name(s) on Academic Records

Permanent Address: \_\_\_\_\_  
Street City State Zip

Date of Birth: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Institution #1) Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State Zip

Dates Attended From: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ To: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Institution #2) Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State Zip

Dates Attended From: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ To: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Institution #3) Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State Zip

Dates Attended From: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ To: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Institution #4) Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State Zip

Dates Attended From: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ To: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Institution #5) Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State Zip

Dates Attended From: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ To: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Institution #6) Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State Zip

Dates Attended From: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ To: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

(please use additional sheets if needed)

**Return transcript materials to:**

**BY MAIL:** Office of Admission  
**CONCORDIA UNIVERSITY**  
2811 NE Holman Street  
Portland OR 97211-6099

**BY FAX:** 503-280-8531

**BY EMAIL:** [admissions@cu-portland.edu](mailto:admissions@cu-portland.edu)

