

Concordia University Transcript Release Form

TRANSCRIPT RELEASE

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: _____ - _____ - _____ Degree Earned (if any): _____

Institution #2) Name: _____

Mailing Address: _____
Street City State Zip

Dates Attended From: _____ - _____ - _____ To: _____ - _____ - _____

see reverse

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: ____ - ____ - ____

Institution #7) Name: _____

Mailing Address: _____
Street City State Zip

Dates Attended From: ____ - ____ - ____ To: ____ - ____ - ____

(please use additional sheets if needed)

Mail, email, or fax all transcript materials to:

mail: Office of Admission
CONCORDIA UNIVERSITY 2811 NE Holman Street Portland OR 97211
email: applicationmaterials@cu-portland.edu
fax: 503-280-8531

For more information, contact us at:

phone: 503-280-8501
toll-free: 800-321-9371
email: admission@cu-portland.edu
web: www.cu-portland.edu