		P			pt Request Form	
Print Student's Ful	l Name	_ Name(s) While Attendin	 1g	COSTS: Payment of the \$25.00 per official transcript processing fee is required <i>prior</i> to the release of all transcripts. Transcripts cannot be provided if you have a financial hold with the Institution. PRIVACY: Student records are confidential, and transcripts are issued only at the <u>written</u> request of	
Cu	t Address/Apt. ‡	dress/Apt. #		the student. <u>TRANSCRIPTS FROM OTHER SCHOOLS</u> : EEI is unable to release transcripts received from other colleges or universities. Additional copies must be obtained		
City, State, Zip		I	E-mail		directly from the issuing institution.	
Home Phone	lCell Pho	l	Work Phone		Send completed and signed form to: Emergency Education Institute Office of the Registrar– Transcripts 3111 N. University Drive	
SSN or Student # Type of Transcript:	(please circle o		Birth Date (mo/day/yr)		Suite # 300 Coral Springs, FL 33065 <u>Electronic Transcripts can be emailed to:</u>	
OFFICIAL	UNOFFICIAL				Lugalde@eei.edu	
Mail Transcript: (Allow 5 business days for processing)					Payment Information A charge of \$25.00 is made for each official anscript. Payments <u>must</u> accompany request.	
				Card #	Quantity: VISA MASTERCARD DISCOVER CHECK/MONEY ORDER ENCLOSED	
					/ CVC Code (Required):	
Mo Yr (3- digit number on back of card) SIGN:						
Date Received:	Account	Clearance:	Paymen	t Made:	Sent:	