

TRANSCRIPT REQUEST PROCESS:

Transcripts are made available as official copies only- original, signed and sealed by an authorized official.

The procedures for transcript requests are as follows:

- A student may submit a letter in writing (address listed below), fax a completed transcript request form to 1-866-470-7445, or email a scanned signed copy of the transcript request form to records@careered.com.*
- The letter/form must specify the Students name (when they attended), Identification (Student ID and/or Date of Birth), Program, Dates of Attendance, Number of Copies Requested, Mailing Address (es) where transcripts are to be sent, **and Student's Signature**.
- The transcript request will take approximately 7-10 business days upon receipt. Currently there is no charge for an academic transcript. Failure by the student to pay financial obligations due to the institution may result in the withholding of transcripts (i.e. student being in default).
- If the transcript is unable to be processed, an official letter will be returned to the student specifying the reason(s) for denial.
- Please note that once a transcript can be released the student is responsible for re-submitting a transcript request.
- All written transcript requests (letter or transcript request forms mailed) should be sent to:
Career Education Corporation
2895 Greenspoint Parkway
Suite 600
Hoffman Estates, IL 60169
Attention: Transcripts
- All fax requests should be sent to:
1-866-470-7445, listen to the introduction and your fax will begin automatically.
- All electronic copies of the Transcript Request Form **including the requestors signature** should be sent to: records@careered.com

For any additional questions please contact 1-866-470-7445, pressing 1 when prompted, or email records@careered.com

*If you are dialing internationally or are having difficulty using the toll-free number please dial direct 1-847-851-7191 for voicemail and 1-847-585-3928 for fax.

TRANSCRIPT REQUEST FORM

School Attended: _____ Location: _____

Student Name: _____
Last First Middle

ID#: _____ Major: _____

Former name: _____ Date of Birth: _____
(If applicable)

Home Address: _____

City: _____ State: _____ Zip: _____

Contact phone number: _____ Email: _____

Number of copies requested: _____ Dates enrolled (start/ ending dates): _____

X _____ Date: _____

Student Signature (REQUIRED)

Please mail my transcript to the following address (please include addressee line and physical mailing address):

Address 1: _____

Quantity: _____

Address 2: _____

Quantity: _____

Please note: Failure by student to pay proper financial obligation due to the institution may result in the withholding of transcripts, diplomas and registration privileges, or any combination thereof. (Education Code, section 72237).

Transcripts are legal documents and your privacy rights as a student are protected under the Federal Family Rights and Privacy Act of 1974. Therefore, transcripts will be released upon receiving a written request from the student. This request may be made through mail or FAX. Please refer to the Transcript Request Process for information on address and fax number.

For Office Use Only

Date Received: _____

Official: _____ Date Processed: _____

Mail to: Career Education Corporation, Suite 600
2895 Greenspoint Pkwy, Hoffman Estates, IL 60169
Attention: Learning and Student Services- Transcripts

Fax: 1-866-470-7445
International Fax: 1-847-585-3928
Email: records@careered.com

11/17/09