



# CENTRAL CHRISTIAN UNIVERSITY

## TRANSCRIPT REQUEST

All obligations to the University must be cleared before transcripts may be released. If this form is not filled out in its entirety or is unclear, delays may result. If faxing in this request, do not write outside the borders of this form as information may be cut off by the fax machine.

**\*\*No Personal Checks Will Be Accepted for Payment as of March 1<sup>st</sup>, 2016. If mailing, enclose money order or cashier's check.\*\***

<b>Fax Form To:</b> 407-290-1609 ATTN: Registrar's Office	<b>E-mail Form To:</b> <a href="mailto:Central@ccuusa.com">Central@ccuusa.com</a>	<b>Mail Form To:</b> Central Christian University ATTN: Registrar's Office 5503 N Hiawasse Rd Orlando, FL 32818
<b>Cost per (1) Transcript - \$65.00</b> <b>Shipping Cost</b> Regular Mail - No Charge   *Express Mail - \$21.99 per address   *Priority Mail - \$5.75 per address <i>*Express &amp; Priority Mail options effect mailing time only and do not expedite in-house processing time.*</i> <b>Faxes are unofficial</b> ; acceptance is receiving institution's decision		

Please PRINT using black ink or TYPE the information in spaces below:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Other Names used \_\_\_\_\_

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

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Contact Number (\_\_\_\_\_) \_\_\_\_\_

Dates attended \_\_\_\_\_ to \_\_\_\_\_ CCU Campus attended \_\_\_\_\_

Number of transcript(s) requested \_\_\_\_\_ Email Address \_\_\_\_\_

Please mail to **Home Address** above \_\_\_\_\_ (how many?)  Regular Mail  Priority  Express

Please **FAX A TTN:** \_\_\_\_\_ FAX Number: \_\_\_\_\_

Please mail to address below (For additional addresses, please attach an additional page)

To: \_\_\_\_\_ To: \_\_\_\_\_

ATTN: \_\_\_\_\_ ATTN: \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Regular Mail

Priority  Express  Regular Mail  Priority  Express

If currently enrolled at CTC, do you want the transcript held for current grades?  
List classes or end date \_\_\_\_\_

Hold for completion of military/civilian evaluation being completed? Expected completion date: \_\_\_\_\_

Hold for CCU graduation? Date of CCU graduation? \_\_\_\_\_

\_\_\_\_\_  
**Signature for release of transcript**

\_\_\_\_\_  
**Date**

*Transcripts are normally mailed out within 5-8 business days after requests are received, not including weekends, holidays, or Fridays. Use section below only for Express or Priority (regular mail is No Charge) Signature is needed below to run credit card.*

Credit Card Type \_\_\_\_\_ Number \_\_\_\_\_ Exp Date \_\_\_\_\_ CVV# \_\_\_\_\_

Billing Address of Cardholder \_\_\_\_\_

Cardholder Name \_\_\_\_\_ Signature of Cardholder \_\_\_\_\_