



17771 W Spring Lake Rd  
Spring Lake, MI 49456  
Phone (616) 777-0305 Email registrar@christianleaders.net

## Transcript Release Form

Note: Please allow a minimum of 5 working days for processing

I hereby authorize Christian Leaders Institute to release the transcript of my academic record. In accordance with the Family Educational Rights to Privacy Act of 1974, transcripts can be released only upon written authorization and signature of the student.

Date of Request: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Student Name (please print): \_\_\_\_\_ Former Name(s): \_\_\_\_\_

Current Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Major: \_\_\_\_\_ Year of Attendance: \_\_\_\_\_

If graduated, please indicate year of graduation: \_\_\_\_\_

### Transcript instructions:

\*Official transcripts must be mailed directly to an institution.

### Transcript Mailing Address (Print clearly):

\*Please submit a separate request for each address.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Office Use

Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_ Date Processed: \_\_\_\_\_