



# Transcript Request Form

Name: \_\_\_\_\_  
(Name of Student) PLEASE PRINT

## Student Information

Name While Enrolled: \_\_\_\_\_ Last 4 digits of SSN: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Area Code and Phone Number: \_\_\_\_\_

### Released Transcripts (S):

Number of copies requested: \_\_\_\_\_

\_\_\_\_\_ Mail to address below

\_\_\_\_\_ I will pick up the transcript requested

### Please mail Official Transcripts to:

Name of employer or college \_\_\_\_\_

Street Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**\*If there are any holds on your account, a transcript will not be issued until all holds are cleared\* Return the completed form to the Registrar in person, by mail, or by email.**

<i>Official Use Only</i>	
Date Sent out: _____	Initials: _____

Culinary Institute LENOTRE  
7070 Allensby St.  
Houston, TX 77022

Registrar's Email: [fralda@ciaml.com](mailto:fralda@ciaml.com) Direct Line: 713-358-5083

Tel: (713)692-0077  
Fax: (713)692-7399  
[www.CulinaryInstitute.edu](http://www.CulinaryInstitute.edu)