

TRANSCRIPT REQUEST FORM

Please complete this form in its entirety, sign and return to <u>info@leeproinstitute.edu</u> or by fax to (239) 689-8297.

Personal Information		
Last Name(s)	First Name	Middle Initial
Date of Birth:		
(MM	/DD/YYYY)	
Social Security Number:		
Current Address:		
City:	State:Zip (Code:
Phone Number:		
Last year in attendance:		
Did the student graduat	e? () Yes () No	
Request for (select one)	:	
☐ Official Transcri☐ Official Transcri	nofficial transcript) pt - mailed directly to the stu pt - mailed directly to an insti	itution/business.
_	ere the transcript is to be mail	
·	me:	
Attention:		
Address:		
City:	State: Zip (Code:
(FERPA). In order to compl	ete the transcript request, Lee Profe	nily Education Rights and Privacy essional Institute <u>must</u> have a comp t, authorizing the release of their acac
Student Signature		 Date



RELEASE OF INFORMATION AUTHORIZATION FORM

I understand that I have the right to gain access to the records in my student file, in accordance with the institution's policy on the "FAMILY RIGHTS AND PRIVACY ACT (FERPA)."

By this mean, I,access to the following in	, hereby request	
	[] Academic Records[] Payment Records[] Other	
If other, define:		
Student Signature		Date
School Officer's Signature	Date	