



# Transcript Release Authorization

**Office of Admission** 250 W. First Street, Suite 330 • Claremont, CA 91711 • Ph. (909) 667-4444 • Fax (909) 399-3443

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## ***Student Information***

Student Name

Student ID/SSN

Student's Name During Attendance (if different)

Institution

Dates of Attendance

Degree Awarded

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Pursuant to provisions of the federal Family Educational Rights and Privacy Act of 1974, I grant permission for the release of my academic record to Claremont Lincoln University, but only on the condition that Claremont Lincoln University will not permit any other party to have access to this record.

By signing this form I am authorizing you to send my *OFFICIAL* transcript to Claremont Lincoln University. I am also authorizing Claremont Lincoln University to submit this request on my behalf and to pay any applicable transcript fees. Please send *OFFICIAL* transcripts to:

### *MAIL*

Claremont Lincoln University  
Office of the Registrar  
250 West First Street, Suite 330  
Claremont, CA 91711

### *ELECTRONIC*

admission@claremontlincoln.edu

Signature

Date