



Civic Education Project (CEP) TRANSCRIPT REQUEST FORM

617 Dartmouth Place • Evanston, IL 60208
Phone: 847/467-2572 • Fax: 847/467-0880

Please complete all portions of this form.

Today's Date: _____ Student's Name: _____ Student's Date of Birth: _____ Email: _____ Telephone: _____ Signature: _____	Most recent CEP program for which you were registered: <input type="checkbox"/> CivicWeek (inc. Jack Kent Cooke or Alumni CivicWeek) <input type="checkbox"/> Civic Leadership Institute (Chicago) <input type="checkbox"/> Youth & Society (Evanston) Last Year Attended: _____
	Total Number of Transcripts: ____ @ \$5.00/per transcript Type of Delivery: <input type="checkbox"/> RUSH (Add \$7) <input type="checkbox"/> Mail Direct <input type="checkbox"/> Mail to Home <input type="checkbox"/> Will Pick Up
	Total Payment Enclosed: \$ _____ Payment Method: <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order/Cashier's Check

Current Address:

Last Name	First Name	MI	Enrolled Name (If Different)
Street Address		Unit/Apartment Number	
Address Line 2			
City	State/Province	Postal Code	Country

Send Transcript To:

Name	Title	Institution
Street Address		Unit/Apartment Number
Address Line 2		
City	State/Province	Postal Code Country

Please attach any additional addresses or instructions on a separate sheet of paper.

Credit Card Information

Name of Cardholder _____

Credit Card Type Visa MasterCard

Credit Card Number _____ Exp Date _____

Amount \$ _____ **Cardholder Signature** _____

For Office Use Only

Date received _____ Check number _____ Check amount _____ Date entered _____ Entered by _____