

Early Learning Coalition



of Pinellas County, Inc.

5735 Rio Vista Drive
Clearwater, FL 33760

phone: 727-548-1439
fax: 727-548-1509
www.elcpinellas.org

CEU TRANSCRIPT REQUEST

Please print or type.

Name: _____
Last First Middle

Address: _____
Street City, State ZIP code

ELCP Learner ID number (if known): _____

We require your signature to release a training transcript.

Signature: _____

THIRD PARTY AUTHORIZATION FORM

If a third party will be making inquiries on your behalf using the transcript request process, this portion of the form must also be completed and returned to the Coalition office before any information will be released to a third party.

I do hereby authorize _____ to inquire and receive any information on my behalf regarding my training transcript from the Early Learning Coalition of Pinellas County, Inc.

Name of Third Party: _____
Last First

Address: _____
Street City, State ZIP code

We require your signature to release a training transcript.

Signature: _____