

Early Learning Coalition



of Pinellas County, Inc.

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Clearwater, FL 33760

phone: 727-548-1439
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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: _____

The transcript will be emailed to you. Please provide an accurate email address.

Email address: _____

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 the third party listed below 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 and the third party's current email address to release a training transcript. The transcript will be emailed to them.

Signature: _____

Third Party email address: _____