

# Transcript Release Form

## CEA Study Abroad



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Learn your potential

### Return this completed form by:

**Fax:** 1.480.557.7926

**Email:** [Transcripts@ceaStudyAbroad.com](mailto:Transcripts@ceaStudyAbroad.com)

**Mail:** 2999 North 44th Street, Suite 200  
Phoenix, AZ 85018-7248

Tel: 1.800.266.4441

Fax: 1.480.557.7926

[www.ceaStudyAbroad.com](http://www.ceaStudyAbroad.com)

After you have successfully completed your CEA program and are financially cleared, an official study abroad transcript will be mailed to the institution or address you authorize. Most students have already authorized CEA to mail their official transcript to the home institution listed on their application. If you did not give authorization with your application, please designate your preferred destination below and submit this form to CEA. Additionally, if you have changed your mind about where you would like your transcript to be sent, please resubmit this form.

### Please keep in mind:

- **Transcripts usually take between 2-3 months to arrive at CEA from the time your program ends.**
- **Submitting this form does not mean an immediate release of your transcript.**
- **Transcripts will not be released if your account has an outstanding balance.**
- **If your transcript has already been mailed to your home institution and you need additional transcripts, please complete and submit the [Additional Transcript Request Form](#).**

If you have any questions regarding transcripts, please refer to your MyCEA account's Alumni section, our website at [www.ceaStudyAbroad.com/transcripts](http://www.ceaStudyAbroad.com/transcripts), or contact us at [Transcripts@ceaStudyAbroad.com](mailto:Transcripts@ceaStudyAbroad.com).

### STUDENT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
(MM/DD/YYYY)

Study Abroad Destination: \_\_\_\_\_ Semester: \_\_\_\_\_ Host Institution: \_\_\_\_\_  
(City) (i.e. Fall 2014) (Name of University While Abroad)

### OFFICIAL TRANSCRIPT DESTINATION (Select **one** of the options below)

College/University **OR**  Self /Other

### Send to:

Name of College/University (if applicable): \_\_\_\_\_

Attention To: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

"I understand that by signing this form, I am authorizing CEA to mail my official transcript(s) to the university and/or person indicated on this form."

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_