

Transcript Request Form

Name _____ Phone _____

Address _____

City _____ State _____ Zip Code _____

Email _____

Other name(s) under which you received **thread** training (maiden name, nicknames), if different:

Reason for transcript request:

- Licensing Requirement Child Development Associate (CDA) Credential

Preferred method to receive transcripts by:

- Mailed Emailed Faxed

Dates of Training Record(s) Needed: (please check one)

- Records Prior to October 2022 Records from October 2022 to Present
(requires additional time)

Please release my **thread** training transcript to the following individual(s)/agency:

Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Email _____ Fax _____

*NOTE: Transcripts will be released within **10 business days** of your request.
Transcripts **will not** be released if outstanding payments are due.*

By signing below, I authorize **thread** to release my transcript to the above mentioned individual(s)/agency.

Signature

Date

Please submit your completed Transcript Request Form to info@threadalaska.org or by fax to 855.265.3195.

Updated 9/11/24