

# RELEASE OF EDUCATION RECORDS/TRANSCRIPTS

I hereby request the International Foundation of Employee Benefit Plans to release education records for the following individual(s) (please print clearly)

Organization name \_\_\_\_\_

Organization # \_\_\_\_\_ Date \_\_\_\_\_

Individual name \_\_\_\_\_ Individual ID # \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Attach separate list for additional individuals)

## SEND INFORMATION TO: (all fields required)

First name \_\_\_\_\_ M.I. \_\_\_\_\_ Last name \_\_\_\_\_

Title \_\_\_\_\_ Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_ ZIP/Postal code \_\_\_\_\_

Business phone \_\_\_\_\_ Business fax \_\_\_\_\_

E-mail \_\_\_\_\_

Relationship to individual(s)  Administrator  Employer  Self  Other, please specify \_\_\_\_\_

## EDUCATIONAL RECORDS TO INCLUDE IN TRANSCRIPT (check all that apply)

Certificate programs (including Administrators Masters Program, FTMS™, ATMS™, CAPPP®, Certificate Series, E-Learning, Trustees Masters Program)

CEBS®

Conferences

Webcasts


Other \_\_\_\_\_


Signature of person filling out form \_\_\_\_\_ Print name \_\_\_\_\_

**This form should be e-mailed, faxed or mailed to the International Foundation Registration Department. Contact information below.  
A transcript will be mailed within two weeks.**

 Fill out this form online at [www.ifebp.org/transcriptform](http://www.ifebp.org/transcriptform)

 Fax your form to:  
(262) 786-8650

 Mail the form to:  
International Foundation  
18700 West Bluemound Road  
Brookfield, WI 53045

 For information, e-mail [edreg@ifebp.org](mailto:edreg@ifebp.org),  
or phone toll-free  
(888) 334-3327, option 2, or  
(262) 786-6710, option 2