



National Latino Education Institute

2011 West Pershing Road
Chicago, Illinois 60609
E-mail: records@nlei.org
www.nlei.org

NLEI Request Form

Date requested: _____

Date completed: _____

Which document are you requesting today? (Check all that apply)

- Official transcript Certificate Copy of transcript
- Certificate CPR card

Student Name: _____

Address: _____ Apt # _____

City _____ State _____ Zip code _____

Phone number: _____

Program and Cohort #: _____ Year: _____

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RECEIPT

I agree that I have received the following original documents from National Latino Education Institute.

Official transcript: _____ Unofficial transcript: _____ Copy of transcript: _____

Certificate: _____ CPR card: _____

I understand that a duplicate original certificate will NOT be issued. Copies of an original transcript will be issued upon payment of \$10 fee for each transcript requested.

Payment method: Paypal _____ Check _____ Cash _____

(temporarily not accepting cash during COVID-19 pandemic)

Student/Graduate (print)

Signature/Date

SS# Last four digits

Adm Initials