



C.R.I. - Counter Terrorism Training School, Inc.
1727 Stocker Street
North Las Vegas, NV 89030
702-222-3489/888-260-7050/702-702-362-3489 (fax)
www.critraining.com

Transcript Release Authorization Form

Student Information

Last Name: _____ First Name: _____ Middle Initial: _____

Other Name: _____ SSN (optional): _____

Address: _____

Phone: _____ Email: _____ DOB: _____

List of Schools

School: _____ Address _____ Dates Attended: _____

School: _____ Address _____ Dates Attended: _____

School: _____ Address _____ Dates Attended: _____

Release Section

I hereby authorize C.R.I. Counter Terrorism Training School, Inc. to request and process transcript(s) from my high school or GED (if applicable) and all colleges, universities or vocational schools I have attended.

Student Signature: _____ Date: _____

Your transcripts will be received and processed by the C.R.I. Counter Terrorism Training School, Inc. If you do not receive notification that your official transcript has been received within 30 days, please contact cri@critraining.com.

Transcripts should be sent to the attention of:

C. R. I. Counter Terrorism Training School, Inc.

Attn: Kimberly Morgan

cri@critraining.com

702-222-3489 / 888-260-7050

702-362-3489 (f)