

## 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:

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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 (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.

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Signature \_\_\_\_\_

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Date \_\_\_\_\_

**Please submit your completed Transcript Request Form to [info@threadalaska.org](mailto:info@threadalaska.org) or by fax to 855.265.3195.**

*Updated 2/6/2026*