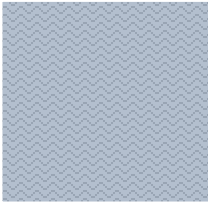
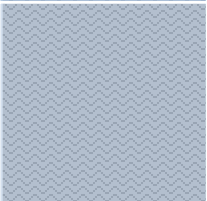
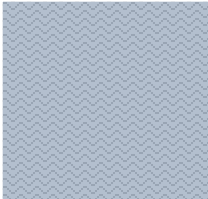
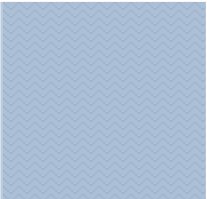
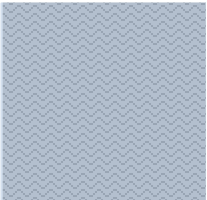




**Permission to Share College of
Direct Support (CDS) Transcript**



Permission to Share Transcript Form

This form is for employees that work for more than one (1) Agency:

Last Name:	
First Name:	
Learner ID:	<i>(Form will not be processed without full valid ID provided.)</i>
I am willing to share my CDS Transcript with the following Agency:	
Agency Name:	
Agency City & State:	

Manager Zone Access Request Form

The following personnel require access to view and manage the transcript of the Learner above: *(Form will not be processed without a full valid ID or IDs provided.)*

Full Name:		Learner ID:	
Full Name:		Learner ID:	
Full Name:		Learner ID:	
Full Name:		Learner ID:	

Employee Signature: _____

Send via email to: Customercare@elsevier.com