TRANSCRIPT DEGREE/CONFIRMATION RELEASE FORM

Each student should complete the Transcript Degree/Confirmation Release Form in the event your class is audited. This form should be presented to the Registrar's Office to obtain the student's official transcript.

I hereby authorize the
University/College/Institution Name
Registrar's Office to release my official transcript reflecting my degree and date
conferred to my Program Director,
for the sole purpose of the random audit for the Registration Eligibility Application
process conducted by the Commission on Dietetic Registration.
The intent of the process is to assist in ensuring that applicants for registration eligibility
have completed the minimum requirements of either an associate degree (dietetic
technician applicants only), or a baccalaureate degree granted by a U. S. regionally
accredited college/university, or foreign equivalent; a Didactic Program in Dietetics and
supervised practice program; or a Coordinated Program in Dietetics.
These original documents must be submitted by the ACEND Program Director to the
Commission on Dietetic Registration (CDR) within five business days of the audi
notification. Following completion of the audit CDR will return all original
documentation to the Program Director to be retained in their or the Registrar's files.
Program Type (Coordinated, Dietetic Internship, Dietetic Technician) Program Code
Chydont's Nome (DLEACE DDINT) Institution's Chydont ID:
Student's Name (PLEASE PRINT) Institution's Student ID =
Student's Name (DIEASE SIGN)
Student's Name (PLEASE SIGN) DATE

Updated: 4/14