



Transcript Submission Form for NCIDQ Exams

**Mail Unopened Official Transcripts Along with this Form to:
CIDQ Transcripts
225 Reinekers Lane, Ste. 210
Alexandria, VA 22314**

Applicant Name _____

6-digit NCIDQ Control No. (Required) _____

INSTRUCTIONS FOR APPLICANT

1. Please provide the information requested below. All forms and transcripts containing personal information will be destroyed by CIDQ following upload to applicant record.
2. Include this form with your transcript and submit before the application deadline. **Do not open the transcript** you receive from your institution; submit it to CIDQ in the sealed envelope.
3. If you have attended more than one institution, print additional copies of this form and attach to each additional institution(s) transcript.

Applicant's Full Name _____

Name(s) Used at Time of Enrollment _____

Dates of Enrollment (mm/dd/yyyy) From _____ **To** _____

Student Identifier (such as Student ID #) _____

Date of Birth (mm/dd/yyyy) _____

Address _____

City _____ **State/Province** _____ **Zip/Postal Code** _____

Phone _____ **Email** _____

I hereby submit and authorize a transcript of my academic record to the Council for Interior Design Qualification, Inc. for the purposes of determining my eligibility for the NCIDQ Examination.

Signature _____ **Date** _____