

COMMISSION ON DIETETIC REGISTRATION

120 South Riverside Plaza, Suite 2000
Chicago, Illinois 60606-6995
312/899-0040, extension 4764

TRANSCRIPT DEGREE/CONFIRMATION RELEASE FORM

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 to the Commission on Dietetic Registration within five business days of the audit notification. Following completion of the audit the Commission on Dietetic Registration will return all original documentation to the Program Director to be retained in their and/or the Registrar's files.

Program Type (Coordinated, Dietetic Internship, Dietetic Technician) Program Code

Student's Name (PLEASE PRINT)

Institution Student ID #

Student's Name (PLEASE SIGN)

DATE