



Independent Electrical Contractors, Inc. (IEC) ACE College Credit Request Form



Student Information

First Name: _____ Last Name: _____ Date: _____
E-mail: _____ (must be a valid email)

Attendance

Select the years which you attended IEC Apprenticeship training:

- 8/1/1995 – 7/31/2002
- 8/1/2002 – 12/31/2007
- 1/1/2008 – 3/31/2012
- 4/1/2012 – 2/28/2015
- 3/1/2015 - 7/31/2018
- 8/1/2018 – 8/31/2021
- 9/1/2021-11/30/2024
- 12/1/2024-11/30/2027

Note: IEC cannot offer credit to anyone whose completion year is older than 1995.

Important Notice

Per the U.S. Department of Labor's (DOL) Office of Apprenticeship record retention policies and requirements, IEC chapters are only required to maintain five (5) years of student records. Please contact your local IEC chapter to verify your record and graduation information prior to submitting to ACE Transcript Services.

If you participated in IEC's Apprenticeship Program prior to the five (5) year period, IEC *cannot guarantee* your record will be on file.

Course

Select the course you wish to receive ACE recommended credit:

- 1st Year Electrical Apprenticeship
Graduation Date: _____ (MM/DD/YY)
- 2nd Year Electrical Apprenticeship
Graduation Date: _____ (MM/DD/YY)
- 3rd Year Electrical Apprenticeship
Graduation Date: _____ (MM/DD/YY)
- 4th Year Electrical Apprenticeship
Graduation Date: _____ (MM/DD/YY)

Release Authorization

I authorize *Independent Electrical Contractors Inc.*, on my behalf, to submit the above personal information to *American Council on Education (ACE)* and ACE's digital credential platform, *Credly, Inc.*, for issuance of official college and/or university transcript documents. I understand that the above information will not be released or used for other IEC use.

Additionally, I grant *Credly, Inc.* permission to communicate directly with me regarding the availability, management, and use of my credentials.

Student Signature

I hereby certify that to the best of my knowledge the facts represented on this form are accurate.

Signature: _____
Print Name: _____
Chapter Attended: _____
Date: _____

Chapter Representative Signature

I hereby certify that to the best of my knowledge the facts represented on this form are accurate.

Signature: _____
Print Name: _____
Chapter: _____
Date: _____

Send ACE Request Form to:

Email: cskudera@ieci.org

Questions? Contact Chrissy Skudera at the IEC National Office at (703) 650-0057 or cskudera@ieci.org.