



INDEPENDENT ELECTRICAL CONTRACTORS

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:

- | | |
|--|---|
| <input type="checkbox"/> 8/1/1992 – 7/31/2002 | <input type="checkbox"/> 4/1/2012 – 2/28/2015 |
| <input type="checkbox"/> 8/1/2002 – 12/31/2007 | <input type="checkbox"/> 3/1/2015 - 7/31/2018 |
| <input type="checkbox"/> 1/1/2008 – 3/31/2012 | <input type="checkbox"/> 8/1/2018 – 7/31/2021 |
| | 8/1/2021 – 7/31/2024 |

Note: IEC cannot offer credit to anyone whose completion year is older than 1992.

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 for ACE Transcript Services.

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

Courses

Select the course(s) you wish to receive ACE recommended credit:

- | | |
|---|---|
| <input type="checkbox"/> 1 st Year Electrical Apprenticeship | <input type="checkbox"/> 3 rd Year Electrical Apprenticeship |
| ▪ Graduation Date: _____ (MM/DD/YY) | ▪ Graduation Date: _____ (MM/DD/YY) |
| <input type="checkbox"/> 2 nd Year Electrical Apprenticeship | <input type="checkbox"/> 4 th Year Electrical Apprenticeship |
| ▪ Graduation Date: _____ (MM/DD/YY) | ▪ 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:

- Mail: IEC Education Department, 2900 South Quincy Street, Suite 720, Arlington, VA 22206
- Email: pdolenc@ieci.org

Questions? Please contact Paul Dolenc at the IEC National Office at (703) 549-7351 or pdolenc@ieci.org.