



FOR OFFICE USE ONLY
<hr/> <i>Date Received</i>

TRANSCRIPT REQUEST

- Please complete one (1) form per individual or institution if transcripts are being sent to multiple addresses.
- Please ensure that the address is complete and correct. Transcripts will be mailed to the address indicated below.
Transcripts may not be received if there are errors in the information.
- Please **allow two (2) weeks** for processing your request(s). Requests will be processed as quickly as possible. During peak periods, i.e. – registration and quarter start/end, there may be a delay in processing requests.

Student Name: _____ ID#/SSN#: _____
Last Name First Name MI

Phone Number: () _____ Date Required: _____

Transcript Requested: Official (*Unsealed*) Official (*Sealed*) Unofficial/Personal

My status is: Currently Enrolled
 Graduated Year _____
 Attended, but not Graduated Years: From _____ To _____

What is the purpose of your transcript request? Please check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Graduate School Application/School: _____ | <input type="checkbox"/> Application for Employment |
| <input type="checkbox"/> Transfer Application/School: _____ | <input type="checkbox"/> Professional Credential |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Scholarship/Grant/Finance |
- I will pick up _____ transcript(s) at the registrar's office on _____
Date
- Please mail _____ transcript(s) to the following address:

Transcript Mailing Information		
<i>Name</i>		
<i>Address</i>		
<i>City</i>		<i>State</i>
<i>City</i>		<i>Zip Code</i>
() _____		
<i>Phone Number</i>		

I hereby authorize the release of my transcript. I understand that this request, if sent by FAX to The Art Institute of Atlanta, may be received in an area that is not secure. Please FAX to the registrar's office at 770.394.9800

 Student's Signature _____
 Date

No transcript will be furnished if financial obligations to the Art Institute and associated lending agencies have not been satisfied.