



TRANSCRIPT REQUEST

Student ID # OR Social Security # _____ Date of Request _____

Grad Date(s) or dates attended: _____ Major: _____

Name: _____

Current Address: _____

Telephone number: _____

I certify that I am the person whose name appears on this form and do hereby authorize release of my transcript to the address(es) listed.

Signature _____ Date: _____

**** PLEASE ALLOW 2 BUSINESS DAYS FOR OFFICIAL TRANSCRIPT PROCESSING ****

Transcript fees must be made with Student Accounts. Checks/Money Orders should be made payable to The New England Institute of Art. Credit Card payments can be made by calling 617-582-4465. If due to an student accounts hold the official transcript cannot be released you will receive an unofficial transcript.

I AM REQUESTING # _____ OFFICIAL TRANSCRIPT(S) @ \$3.00 for first transcript/\$2.00 for each additional transcript.

I will pick up # _____ transcript(s)

Please send # _____ transcript(s) to the following address (Include a contact name or department if possible):

Please send # _____ transcript(s) to the following address (Include a contact name or department if possible):

Students that began attending NEiA prior to 2000 must allow 7-10 days to process their request.

I AM REQUESTING # _____ UNOFFICIAL TRANSCRIPT(S) @ No Charge

I will pick up # _____ transcript(s)

Please send # _____ transcript(s) to the following address (Include a contact name or department if possible):

Office Use Only (Rev 6/2011)

Student Accounts- Fee Paid:

Transcript held & Student notified:

Processed by:

Registrar - Date Received:

Date Processed:

Processed by:

Registrar's Office: 10 Brookline Place West, 2nd Fl Brookline, MA 02445 Tel 617-582-4402 Fax 617-582-4519

Email: NEIARegistrar@aii.edu Office hours Monday-Wednesday 8am-7pm; Thursday 8am-6pm; Friday 8am-5pm