



## Transcript Request Form

Full Name: \_\_\_\_\_  
*Last First M.I. Maiden Name*

Home Phone: ( ) \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Student ID or Social Security Number: \_\_\_\_\_

Number of transcripts requested: \_\_\_\_\_ Dates of attendance: \_\_\_\_\_

**School of Attendance:**

- The Art Institute of Charlotte  
 American Business and Fashion

**Type of Transcript:**

- Official  
 Unofficial

**Please mark if transcript needs to be picked up, mailed, or faxed.**

Pick up: I will pick up my transcript.

Mail to: \_\_\_\_\_  
*Attention To: Street Address*

Fax to: ( ) \_\_\_\_\_ Attention To: \_\_\_\_\_  
*City State ZIP Code*

**Requests are generally processed within seven to ten days of the day the payment is received**

*As stated in the catalog, there is a \$5 fee for each official transcript. Failure to meet financial obligations may lead to the withholding of academic transcripts. Fees must be paid with CASH, MONEY ORDER, or CREDIT CARD. Personal checks will NOT be accepted.*

**Options to submit request & pay fee:**

- 1) Mail request & fee to:  
The Art Institute of Charlotte  
Attention: Registrar's Office  
2110 Water Ridge Parkway  
Charlotte, NC 28217
- 2) Fax request to 704-357-1514. Fee may be paid over the phone by calling 704-357-8020 and ask to speak to someone in Student Accounting.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

For questions please contact: Carla Williams-Truesdale, Transfer of Credit Coordinator/Assistant Registrar [cwilliams-truesdale@aii.edu](mailto:cwilliams-truesdale@aii.edu) 704-357-5894

For Internal Use Only
Date Received _____ Student ID # _____
Processor _____ Date Processed _____