

Official Academic Transcript Request

This letter is a request for your official academic transcript from The Art Institute of Fort Lauderdale. **There is a \$10.00 non-refundable fee for each transcript requested.** Please fill in all of the information below, we cannot process any request that is not complete. **Please allow 10-14 days to process your request.**

Name while in attendance: (last, first) _____

Student ID# or Social Security #: _____

Current mailing address: _____

Phone #: (____) _____

Number of transcripts requested: _____ (\$10.00 fee per transcript)

Dates of Enrollment: _____

Still currently enrolled at AiFL: ____ yes ____ no Student leaving AiFL? ____ yes ____ no

Graduated: ____ yes ____ no Withdrew: ____ yes ____ no

I hereby request and authorize the release of my academic transcript(s) to the institution below.

Signature: _____ **Date:** _____

Please check one option below:

____ I would like to pick up the transcript(s)

____ Send as soon as possible

____ Send at the end of the current quarter (this will include the final grades)

Send to: _____

If additional transcript requested to be sent, please provide additional address:

Send to: _____
