

Transcript/Test Score/Diploma Request Form

Student ID # _____
 Date of Request _____
 Name: _____
 Other name(s) used during attendance at The Art Institute of Houston:

 Current Address: _____

 Telephone number at which student may be contacted:
 Day phone # _____ Evening phone # _____

I AM REQUESTING (please choose)

Please allow 10 business days to process request.

- OFFICIAL TRANSCRIPT(S) @ \$5.00 PER COPY**
- WITH TEST SCORES Quantity ____
- WITHOUT TEST SCORES Quantity ____

- TEST SCORES ONLY @ \$5.00 PER COPY (\$25.00 for non-students)***
 Quantity ____

*Test scores (only available for test taken after January 1, 1998)

- I will pick up _____ transcript(s)

Please send _____ transcript(s) to the following address:

DIPLOMAS are \$25.00 for a replacement (please call for more information @ 713-353-4138.)

SIGNATURE

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

Signature _____ Date: _____

The following signatures must be obtained to release an official transcript.

OFFICE	SIGNATURE	DATE	LOCATION
Loan Coordinator (SFS)			1st floor
Tuition (Accounting)			1st floor
Perkins(Accounting)			1st floor
Library			2nd floor
Video Studio***			3rd floor

To receive your transcripts immediately, you must clear with these departments or you may leave the request with the Registrar's Office and we will complete the clearance process. If you choose the latter option then, you must specify whether you will pick-up the transcripts or have them mailed.

***For current students and those who have been out of school for less than one year