

The Art Institute of Portland*
1122 NW Davis Street
Portland, OR 97209-2911
503-228-6528

TRANSCRIPT REQUEST

Student Name: _____
Last First Middle

Student ID# or SSN# _____ Date of Birth _____

If different, your name while attending AI Portland/Bassist College

Dates of attendance _____

Current address _____
Address

City State Zip

Phone numbers _____
Home Work

I request that AiPD send an **official** **unofficial** (circle one) copy of my grade transcript(s) to the following:

Send _____ copy(s): Also send _____ copy(s) to:

Number of transcripts requested _____ Charge: **\$3.00 per Transcript**

Amount enclosed: \$ _____

Student's Signature

**Formerly Bassist College*

Will pick up: Date _____

Paid by:
 Cash Check Credit Card _____
Type Card # Expiration

Allow three to five business days for processing transcripts and plan your request accordingly. Transcripts are mailed upon receipt of transcript fees. If there is a hold on your record, transcripts cannot be released; we will inform you of the outstanding obligation that requires your attention.
3/7/05