

The Art Institute of Seattle®

TRANSCRIPT REQUEST FORM

TRANSCRIPT SERVICE POLICY:

1. Transcripts will **not** be issued if any financial obligations are due to the school
2. In accordance with the Family Educational Rights to Privacy Act of 1974, all requests must include the student's signature.
3. \$5 processing fee for one official transcript and \$1 for each additional copy at the same time of the request.
4. Please allow 3 business days to process your request.

Please Print: (Student is responsible for the correct address, including zip code.)

NAME: _____ Student ID # _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP _____

PHONE: _____ PROGRAM: _____

____ NUMBER OF TRANSCRIPTS REQUESTING

Please check all that apply:

- OFFICIAL TRANSCRIPT
 UNOFFICIAL TRANSCRIPT

Type of Payment:

- CASH CREDIT CARD
 CHECK Acct # _____
Exp _____

SIGNATURE _____ DATE: _____

____ Please wait until final grades are complete to mail

____ Please send to address listed above

____ I will pick up transcript (Photo ID required.)

____ Please send my transcripts to:

1. Name of Institution: _____

Address: _____

City: _____ State: _____ Zip: _____

2. Name of Institution: _____

Address: _____

City: _____ State: _____ Zip: _____

**If Mailing in: 2323 Elliott Ave,
Attn: Registrar Dept. Seattle, WA 98121**

FOR OFFICE USE ONLY:
Holds: SFS ACCT LIB

Date letter sent _____