



## American Institute of Alternative Medicine Diploma Request Form

The diploma fee (subject to change) is \$10.00 per copy and **must** accompany this request. All diplomas sent via U.S. Mail. Please allow 3 business days for processing.

Please submit the completed form along with payment via email, fax, or mail:

**Email:** jbrooks@aiam.edu

**Fax:** 614-825-6279

**Mail:** Office of the Registrar  
6685 Doubletree Ave.  
Columbus, Ohio 43229

Please note that payment can also be made by calling reception and giving information over the phone.

### Student Information

_____	_____
Social Security Number	Class Of
_____	_____
Last	First
_____	MI
_____	_____
Address	
_____	_____
City	State
(____)	Zip
_____	_____
Telephone	Email

### Send Diplomas To

_____	_____
Name or Institution	Name or Institution
_____	_____
Address	Address
_____	_____
City	State
_____	Zip

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

### Billing Information

_____	_____
Number of Diplomas x \$10.00 =	Date Completed
Check # _____	<input type="checkbox"/> Cash <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover
_____	_____
Name on card	Credit Card Number
_____	_____
Expiration date (MM/YYYY)	_____