



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	_____ 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)	