



Transcript Request Form

The transcript fee (subject to change) is \$10.00 per copy and **must** accompany this request. All transcripts sent via U.S. mail. Please allow 3 business days for processing. Call 614.825.6255 for special handling (additional fees may apply).

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

Check box if this is to be sent with a NCCAOM Pre-Graduation Verification Form.

Student Information

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

Send Transcripts To

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

Student Signature _____ **Date** _____

Billing Information

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