



## 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:

|                                  |                            |  |
|----------------------------------|----------------------------|--|
| <b>Email</b><br>jbrooks@aiam.edu | <b>Fax</b><br>614.825.6279 | <b>Mail</b><br>Office of the Registrar<br>6685 Doubletree Ave.<br>Columbus, Ohio 43229 |
|----------------------------------|----------------------------|--|

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

### Student Information

|                                 |                   |              |
|---------------------------------|-------------------|--------------|
| _____<br>Social Security Number | _____<br>Class Of |              |
| _____<br>Last                   | _____<br>First    | _____<br>MI  |
| _____<br>Address                |                   |              |
| _____<br>City                   | _____<br>State    | _____<br>Zip |
| (    )<br>Telephone             | _____<br>Email    |              |

### Send Transcripts To

|                              |                              |              |
|------------------------------|------------------------------|--------------|
| _____<br>Name or Institution | _____<br>Name or Institution |              |
| _____<br>Address             | _____<br>Address             |              |
| _____<br>City                | _____<br>State               | _____<br>Zip |

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

### Billing Information

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