

1. Please complete one (1) form per individual or institution if transcripts are being sent to multiple addresses.
2. Transcripts will be mailed to the address indicated below.
3. During peak periods, i.e – registration and quarter start/end; there may be a 2 week delay in processing requests.
4. We do not fax transcripts.
5. No transcript will be furnished if you have FINANCIAL HOLDS or obligations to the institute.

## STUDENT INFORMATION

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Student Name (Last, First)

AIAD ID Number or SSN

Phone Number

My status is:  Currently Enrolled

Graduate Year of graduation: \_\_\_\_\_

Attended, but did not graduate Years: From \_\_\_\_\_ to \_\_\_\_\_

What is the purpose of your transcript request? Please check all that apply:

- |   |  |
|---|--|
| <input type="checkbox"/> Graduate School Application/ School: _____ | <input type="checkbox"/> Application for Employment  |
| <input type="checkbox"/> Transfer Application/ School: _____        | <input type="checkbox"/> Professional Credential     |
| <input type="checkbox"/> Other: _____                               | <input type="checkbox"/> Scholarship/ Grant/ Finance |

I will pick up

Please mail

\_\_\_\_\_ # of copies

## TRANSCRIPT MAILING INFORMATION

Name

Address

Apt. #

City

State

Zip Code

*I, hereby, authorize the release of my transcript. I understand that this request, if sent by FAX to The Art Institute of Atlanta, may be received in an area that is not secure. No transcript will be furnished if financial obligations to the Institute and associated lending agencies have not been satisfied.*

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

The Art Institute of Atlanta – Decatur \* One West Court Square, Suite 110 Decatur, GA 30030  
Registrar's Office Phone: 404-942-1815/ 404-942-1863 Fax: 404.942.1828 or kcastro@aia.edu

### FOR REGISTRAR'S OFFICE USE ONLY

Request form received/ Initials	Request form processed/ Initials