

# AI The Art Institute of Washington-Dulles

## REQUEST FOR TRANSCRIPT The Art Institute of Washington OFFICE OF THE REGISTRAR

Please print clearly

STUDENT'S NAME (LAST, FIRST, MIDDLE)	Student ID #	DATE	# OF COPIES
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### STUDENT'S ADDRESS

Street \_\_\_\_\_ Apt \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Extension \_\_\_\_\_  
(including area code)

### ENROLLMENT STATUS

<input type="checkbox"/> Not Currently Enrolled
Time Attended: _____ to _____ Month / Year                      Month / Year

No transcript is issued to or for a student who is indebted to The Art Institute until such indebtedness has been satisfied in full. There is a \$2.00 fee per transcript copy. Fee must be received before transcript will be sent.

SEND TRANSCRIPT TO:     SCHOOL     INDIVIDUAL

NAME (Last, First, Middle or Maiden) \_\_\_\_\_

STREET \_\_\_\_\_ APT \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

ATTENTION: \_\_\_\_\_

SIGNATURE (REQUIRED FOR TRANSCRIPT RELEASE) \_\_\_\_\_

Note: The student's complete legal signature is required on a transcript request.

If paying by check - mail request and full payment to The Art Institute of Washington, Registrar's Office, 1820 N. Fort Myer Drive, Arlington, VA 22209-1802. Please allow five business days for processing with the exception of peak periods which may require additional processing time.

If paying by credit card please call the Accounting Department at 703-310-1703. You will receive a confirmation number:

Accounting confirmation number \_\_\_\_\_

Fax completed form to 703-247-6877    OR

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