

THE ART INSTITUTE OF FORT WORTH
Transcript Request

Please Print

Name _____ SS# _____

Address _____ Birth date _____

City _____ State _____ Zip Code _____ Major _____

Phone # _____ Name records are under _____

Number of Transcripts Requested _____ (\$5.00 per set of transcripts)

Did you graduate from Ai Fort Worth? _____

What was your major? _____ Are you applying to graduate school? _____

Which one? _____

I would like my transcript(s) mailed to the following address(es):

(Must have complete address, including zip code.)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Student's Signature/Date _____

Please note there is a 5-8 business day processing time for transcript requests.
Send email requests to: palewis@aii.edu or aigtranscript@edmc.edu
or mail to:

The Art Institute of Dallas
Transcript Request
8080 Park Ln Ste 100
Dallas TX 75231

THIS SECTION TO BE COMPLETED BY THE ART INSTITUTE OF DALLAS

Student Accounting _____

Registrar (Transcript Processor) _____

Date transcript(s) mailed out _____