

Transcript Request

8775 Baypine Road, Jacksonville, FL 32256-8528
Phone (904) 486-3015, Fax (904) 486-3124

Please complete this form and submit to the Registrar's Office for processing. Allow 5 business days for clearance/preparation plus transit time (US Standard mail ONLY). Sorry, no rush processing available. There is no fee for transcripts. You may fax this form to (904) 486-3124, or e-mail to arobinson@aii.edu.

Name (Include maiden/prior name if applicable):		Student ID #	
Current AiJAX student? () Yes () No	Year Last Attended? 20____	List degree(s) earned (if any): () None earned	
Street address:		E-mail address:	
City:	State:	Zip code:	Phone number:

I am requesting: _____ (quantity) Unofficial Transcript(s)	Shipping instructions: <input type="checkbox"/> Mail to address ABOVE <input type="checkbox"/> Mail to address BELOW <input type="checkbox"/> Pick-up from Registrar's Office		
	Additional information:		

I am requesting: _____ (quantity) OFFICIAL Transcript(s)	Shipping instructions: <input type="checkbox"/> Mail to address ABOVE <input type="checkbox"/> Mail to address BELOW <input type="checkbox"/> Pick-up from Registrar's Office		
	Additional information:		

Shipping Address 1	Shipping Address 2
Name:	Name:
Address:	Address:

I hereby authorize Ai of Jacksonville to release my academic transcript as indicated on this form.	
Signature:	Date:

FOR OFFICE USE ONLY			
Registrar's Office	Name of Reg Off Rep:	Signature	Date: