

## REQUEST FOR TRANSCRIPT

Name \_\_\_\_\_

Name on Record \_\_\_\_\_  
(if different from current name)

AiNYC ID# (or last 4 digits of SS#) \_\_\_\_\_

**Complete a separate form for  
each addressee**

**Fill in all requested data**

**Print clearly. Scan and email to:**

**[aigtranscript@edmc.edu](mailto:aigtranscript@edmc.edu)**

**Print exact name and address to  
which transcript is to be sent**

<b>Attention:</b>

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number

**Fill out this form completely. Scan and email to: [aigtranscript@edmc.edu](mailto:aigtranscript@edmc.edu);**

**or, fax the completed form to 480-999-8981.**