

TRANSCRIPT REQUEST

Please fill this form out for all transcript requests. Official Transcripts are \$5.00 each. To pay by phone with a credit card, call 888-493-3261 and ask for Student Accounting. As stated in the Enrollment Agreement signed by all students entering Ai, "We reserve the right to not release your academic transcript until all your debts to us are paid in full." The Art Institute is not responsible for lost transcripts.

Please Note: We cannot send transcripts via e-mail.

Once this form is complete and payment has been made you can fax it to 415.276-6796 or scan and email it to us at _AICASFReg@edmc.edu or mkalus@Aii.edu or bring it to the Registrar's office on the 4th floor of the 10UN building.

Student Name: _____
(Please state name used while attending the Art Institute of California-Silicon Valley)

Student ID or Last 4 digits SSN: _____

Phone: _____ **E-Mail Address:** _____

Current Mailing Address: _____

Approximate last month/year of attendance or date degree earned: _____

Number of Transcripts Requested

Official ____ x \$5.00 each **Total cost \$** _____

Unofficial ____ (no charge – no need to contact Student Accounting)

- I will pick up my transcripts in the Registrar's Office.
- I would like my transcripts sent to my current mailing address, indicated above.
- I would like my transcripts sent to the address specified below or attached
- Other _____

Recipient Information (use back or separate sheet for additional addresses or special instructions)

Attention: _____

School/Company Name: _____

Address: _____

Please process my request after final grades are available for the current quarter.

SIGNATURE: _____ **DATE:** _____

Student Accounting Use				Registrar's Office Use	
# Requested _____	Total Paid _____	Approval _____	Date: _____	Initials _____	Date Sent _____