



CREATE TOMORROW

1414 E. Maple Rd., Suit 150,

Troy, Mi 48083

Phone (248) 837-3200 Fax (248) 837-3300

## Transcript Release Form

Note: Release of transcripts is subject to good financial standing. Please allow a minimum of 5 working days for processing

I hereby authorize The Art Institute of Michigan - Troy to release the transcript of my academic record. In accordance with the Family Educational Rights to Privacy Act of 1974, transcripts can be released only upon written authorization and signature of the student.

Date of Request: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Student Name (please print): \_\_\_\_\_ Former Name(s): \_\_\_\_\_

Current Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Major: \_\_\_\_\_ Year of Attendance: \_\_\_\_\_

If graduated, please indicate year of graduation: \_\_\_\_\_

### Transcript instructions:

\*Official transcripts must be mailed directly to an institution. Students can obtain an "unofficial" transcript, stamped issued to student.

Number of Officials: \_\_\_\_\_ Number of Unofficials: \_\_\_\_\_ **Total Number of Transcripts:** \_\_\_\_\_

### Transcript Mailing Address (Print clearly):

\*Please submit a separate request for each address. If you would like to pick it up, please write "Pick up" in the space below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Office Use

Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_ Date Processed: \_\_\_\_\_