REQUEST FOR OFFICIAL TRANSCRIPT
The Art Institute of Washington
OFFICE OF THE REGISTRAR

Please print clearly

STUDENT'S NAME (LAST, FIRST, MIDDLE)  

Student ID # (Or Birth year)  

DATE  

# OF COPIES

STUDENT'S ADDRESS
Street ____________________________  Apt _____________
City _______________________________  State _____________  Zip _____________
Phone ____________________________  Extension ____________
(INCLUDING AREA CODE)

ENROLLMENT STATUS
☐ Currently Enrolled  ☐ Not Currently Enrolled
Time Attended: _____________ to _____________
Month / Year    Month / Year

No transcript is issued to or for a student who is indebted to The Art Institute until such indebtedness has been satisfied in full. There is a $2.00 fee per transcript copy. Fee must be received before transcript will be sent.

*** ___ I would like an unofficial transcript

SEND TRANSCRIPT TO:  ☐ SCHOOL  ☐ INDIVIDUAL

NAME (Last, First, Middle or Maiden) ____________________________________________________________

STREET ____________________________  APT ____________

CITY ____________________________  STATE _____________  ZIP _____________

ATTENTION: ________________________________________________________________________________

SIGNATURE (REQUIRED FOR TRANSCRIPT RELEASE) ________________________________________________

Note: The student’s complete legal signature is required on a transcript request.

If paying by check - mail request and full payment to The Art Institute of Washington, Registrar’s Office, 1820 N. Fort Myer Drive, Arlington, VA 22209-1802. Please allow five business days for processing with the exception of peak periods which may require additional processing time.

If paying by credit card please call the Accounting Department at 703-310-1703. You will receive a confirmation number:

Accounting confirmation number ____________________________

Fax completed form to 703-247-6877  OR
Scan form and e-mail to gmcclure@aii.edu

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