



A branch of The Art Institute of Houston

Transcript Request Form

Office of the Registrar

Table with 4 columns: Student's Name, ID #, Major, Date Requested

Other name(s) used during attendance at AiAU: _____

Current Address: _____

Telephone number at which student may be contacted:

Day phone number: _____ Evening phone number: _____

Please check the appropriate box(es):

I AM REQUESTING OFFICIAL TRANSCRIPT(S) @ \$5.00 PER COPY

I will pick up transcript(s)

Please send transcript(s) to the following address:

Address lines for transcript request

Please send transcript(s) to the following address:

Address lines for transcript request

Please fax a copy of transcript(s) to the following number:

Number lines for transcript request

All payments may be made to the Accounting Office by calling AIAUS at 512-691-1764.

Records Requests may be faxed to 512-691-4916 or emailed to chooper@aia.edu for processing.

Records requests will be processed upon receipt of the student's signed request AND receipt of payment.

SIGNATURE

I certify that I am the person whose name appears on this form and do hereby authorize release of my academic records to the address(es) listed.

Student Signature: _____ Date: _____

For Office Use Only:

Accounting Office: _____

Date: _____

Registrar's Office: _____

Date: _____