

Transcript Request Form

STEP 1: Please fill out form & make payment of \$5.00 in Student Accounting.
Payments may be made over the phone by contacting Lyeisha Ruby: 843-727-3474

STEP 2: Completed request form is returned to the Registrar's Office.

STEP 3: If payment is not received within two weeks, your request needs to be resubmitted.
PLEASE ALLOW 2 BUSINESS DAYS FOR PROCESSING

Name of Student (please print): _____

Name while attended AiCharleston: _____

Student ID#: _____ Student E-mail: _____

Students Permanent Address: _____

City, State, Zip: _____

Student Phone number: _____

Students Signature /Date of Request: _____

(Other Authorized Signature if Applicable)

Choose type of Request (Check ONE):

- OFFICIAL TRANSCRIPTS:** Will be released if the student has a zero account balance at the time of request. If a balance exists then an unofficial copy will be sent.
- UNOFFICIAL TRANSCRIPTS:** May be requested at anytime for no cost. Please note: unofficial transcripts cannot be evaluated for transfer of credit purposes.
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Please complete appropriate information below:

Note: Transcripts may not be emailed in an effort to protect student records.

Please mail my transcript to:
Address: _____

City, State, Zip: _____

Please fax my transcript to: _____

Important Notes:

Faxed transcripts may not be considered official by some institutions.

In an effort to protect your personal information AiCharleston will not email transcripts.

You can submit all complete request forms by mail, fax or email:

AiCharleston Office of Registrar: 24 N. Market Street, Charleston, S.C. 29401/Office fax: 843-727-3522

Amanda Obi, Registrar

Email: _AICSC_REGISTRAR@aii.edu

Phone: 843-727-3455