

**The Art Institute of Ohio- Cincinnati -Official Academic Transcript Request Form
8845 Governor's Hill Dr., Cincinnati, OH 45249**

THIS AREA TO BE COMPLETED BY The Art Institute of Ohio-Cincinnati

Date Received _____ Received By _____ Amount Paid _____
_____ Hold for final grades _____ Hold for posting of graduation _____ Hold for account balance
Date Letter Mailed: _____ Details: _____

Current Name _____ Phone _____
Last First Middle

Address _____
Street City State Zip

Major/Program _____ Student ID _____

Name While Attending _____
Last First Middle

Send Transcript To: _____

Student Signature _____

PLEASE NOTE:

1. This form must be filled out *completely*, including the street address and zip code of the location you want the transcript to be mailed. Failure to provide the necessary information will delay the processing of your request.
2. Each official transcript is \$10.00. The transcript fee is non-refundable and must be paid before the transcript is processed. When using a credit card to pay for your transcript request please contact Casey Linebrink at 513-833-2467.
3. **Students who have not satisfied their financial obligations to the College are not eligible to receive a transcript.**
4. Processing time of the transcript request is approximately 30 business days after the College's receipt of the request.

FOR ACCOUNTING USE ONLY
\$10.00 FEE PAID: YES NO
INITIALS _____
DATE _____