

The Art Institute of HoustonSM

TRANSCRIPT REQUEST FORM - Please fill out this form completely and print clearly.

NOTE: No transcript will be furnished to a student or alumnus whose financial obligations to the college have not been satisfied. Please allow 7-10 business days to process

Mail to:
Art Institute of Houston
Registrar's Office
4140 Southwest Fwy
Houston, TX 77027

Fax to:
713-966-2786

Email to:
Grace Jackson dgjackson@aii.edu

Student ID or Last 4 digits of SSN

Date of Attendance

Last Name

First Name

Middle Name

Last name used during enrollment if different than above

Current Mailing Address

City

State

Zip

Contact Number

E- mail Address

Student Signature [Your request can not be released without a signature]

Today's Date

Total Number of Copies: Official (\$5 each – **Payable to: Art Institute of Houston**) Unofficial (Free)
In order to make a payment via credit card, please include your email address above and form will be sent to you.

Check the appropriate box(es) below:

HOLD transcript for: current semester grades degree posting grade change

Student PICK UP [**Photo ID required**] Mail the transcript(s) to me at the above address

MAIL or FAX transcript(s) to the recipients indicated below: **(Do not list your own address)**

Note: Transcripts not picked up within 30 days will be destroyed and must be reordered and paid for by student.

Name/Organization

Name/Organization

Mailing Address

Mailing Address

City

State

Zip

City

State

Zip

Fax Number

Fax Number

OFFICE	SIGNATURE	DATE	LOCATION
Loan Coordinator (SFS)			1 st Floor
Perkins (SFS)			1 st Floor
Tuition (Accounting)			4 th Floor