

The Art Institute of Las Vegas

Transcript Request and Fee form

Office of the Registrar

Student ID # _____ Date of Request _____

Name: _____

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

Telephone number at which student may be contacted:

Day phone number: _____ Evening phone number: _____

Official transcripts are 5.00 per copy unofficial transcripts are free. Please completely fill out the form, physically sign and date, and fax to the registrars office at 702-992-8559. To make a payment or to verify your account is clear please contact student accounting. You may also mail this request with a check or money order to 2350 Corporate Cir, Henderson NV 89074 Attn Registrar:

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

I will pick up transcript(s)

Please send transcript(s) to the following address:

Please send transcript(s) to the following address:

I would like my transcripts sent immediately

I would like my transcripts sent at the end of the quarter

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.

Signature _____ **Date:** _____

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Below Office Use only:

Received by AiLV Student Accounting sum of \$ _____ on _____

Request received on _____

Request processed on _____ Registrars signature _____