

REQUEST for OFFICIAL TRANSCRIPT

<hr/>		<hr/>	
Print Name		Telephone Number	
<hr/>			
Address			
<hr/>			
<hr/>		<hr/>	
City		Student ID# (or Social Security #)	
<hr/>			
State	Zip Code	Signature	

Please mail my official transcript to:

FOR ACCOUNTING USE ONLY
\$5.00 FEE PAID: YES NO
INITIALS _____
DATE _____

- *There is a \$5.00 fee which must accompany this request. Please contact 414-978-5015 to arrange payment.
- *Your account balance must be \$0.00 before processing.
- *Students in default on student loans are not eligible.
- *Please fax the completed form to 414-978-5182.

*Any questions please contact 414-978-5032 or via email at jvodnik@aii.edu.

RELEASE FORM: For OFFICE USE ONLY

ACCOUNTING: _____ **LIBRARY:** _____

Date processed by Registrar: _____ Initials: _____
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