



Transcript Request

PLEASE FILL THIS FORM IN COMPLETELY
Missing information may delay your request
NOTE: EMAILED REQUESTS WILL NOT BE ACCEPTED

MAIL TO:
The Art Institute of Portland
Accounting Office
1122 NW Davis Sreet
Portland, OR 97209

OR FAX TO:
503-228-3616

YOUR INFORMATION (PRINT CLEARLY)

Name _____ Student ID# or last 4 dig. of SSN: _____
First Middle Last
 Former names used _____ Date of Birth: _____
 Street Address _____
 City _____ State _____ Zip _____ Daytime phone # _____

SEND TEST SCORES TO:

Number of copies requested: _____
 Name _____
 Street Address _____
 City _____ State _____ Zip _____
 Fax # _____

Each faxed copy counts as an additional request; include additional \$3 fee per copy.

WILL PICK UP You will receive notification by phone when and where
your transcripts are available for pickup.

Number of copies requested: _____
 Name _____
 Street Address _____
 City _____ State _____ Zip _____
 Fax # _____

PROCESSING INFORMATION:

- Please allow **ten business days** for processing transcripts. The ten business days does NOT including time needed by the US Postal Service to deliver your transcripts; please plan accordingly.
- Transcripts cannot be released if there is a hold on your account.
- Please allow ten business day processing time once holds are removed.

PAYMENT INSTRUCTIONS:

Number of copies ordered: _____
 Total enclosed (\$3 per copy): _____
 Payment method: Cash Check Credit Card
 Card type: _____ Expiration Date: _____
 Number: _____

I authorize The Art Institute of Portland to release my transcripts to the address(es) indicated above.

Student Signature (REQUIRED)

Date

Paid to Student Accounting:

Registrar Use Only

Date Recieved: _____

By: _____

Modified 8/2010