

THE ART INSTITUTE OF SEATTLE TRANSCRIPT REQUEST FORM

The Art Institute of Seattle

Attn: Registrar Office
2323 Elliott Ave.
Seattle, WA 98121

Office Phone: (206) 239-3066
Fax: (206) 269-0275
E-mail: Mike Reese - mreese@aii.edu

Please note the following:

1. Transcripts will **not** be issued if any financial obligations are due to the school.
2. In accordance with the Family Educational Rights to Privacy Act of 1974, all requests must include the student's signature.
3. Official transcripts require a \$5.00 processing fee for one official transcript and \$1.00 for each additional official copy at the same time of the request. Unofficial transcripts are printed at no cost.
4. The student is responsible for the correct address including zip code.
5. Please allow 3 business days to process your request.
6. The form can be faxed, mailed, e-mailed as a scanned e-mail attachment, or delivered to the Registrar Office.

Student Information (Please print name as it appears on The Art Institute of Seattle records):

Last Name First Name Middle Name/Initial

Student I.D. Number (or Social Security Number) Date of Birth Program

Street Address

City State Zip Code Daytime Phone Number

E-mail Address

Type of Payment: CASH CHECK MONEY ORDER CREDIT CARD*

*In order to make a payment via credit card, please contact the **Student Accounting Office at (206) 239-2274.**

_____ Student's Signature for Release of Transcript(s)	_____ Date
--	----------------------

Transcript Processing Instructions (check all that apply):

******Transcripts cannot be e-mailed or sent electronically.******

___ Process transcript(s) after final grades are posted.

___ I will pick up transcript(s). (Photo ID required)

___ Send my transcript(s) to address(es) or fax number(s) below:

1. Official Unofficial Number of Copies to this address: _____ Mail to Above Address

2. Official Unofficial Number of Copies to this address: _____ Mail to Above Address

