

## The Art Institute of St. Louis Academic Transcript Request Form

Current Name \_\_\_\_\_  
Last Name First Name Middle Name

Mailing Address \_\_\_\_\_  
Street City State Zip

Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ SSN (Last 4 Digits) XXX-XX-\_\_\_\_\_

Dates of Attendance (As accurate as possible) \_\_\_\_\_ to \_\_\_\_\_ Did you graduate? \_\_\_\_ Yes \_\_\_\_ No

Name While Attending \_\_\_\_\_  
Last Name First Name Middle Name

Name at Graduation Date \_\_\_\_\_  
 (if different than above) Last Name First Name Middle Name

Type: \_\_\_\_\_ Official Transcript \_\_\_\_\_ Unofficial Transcript

Send Transcript To: \_\_\_\_\_  
***\*Must include complete address  
 or transcript may not be sent*** \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Student Signature

**PLEASE NOTE:**

1. This form must be filled out completely, including the street address and zip code of the location you want the transcript to be mailed. Failure to provide the necessary information will delay processing of your request.
2. Please fax completed transcript request to the Ai St. Louis, Registrar's office at 636-724-0001
3. The initial transcript is provided free of charge. Each additional official copy is \$5.00 paid via check **or** money order to The Art Institute of St. Louis. **The transcript fee is non-refundable and must be paid before the transcript is processed. Students who have not satisfied their financial obligations to the College are not eligible to receive a transcript.**
4. Processing time of the transcript request is approximately 5 to 7 business days.
5. If you have any questions, please contact the Registrar's office at 636-688-3047.

**BOXED AREA TO BE FILLED OUT BY REGISTRARS OFFICE**

Date Received	Received By	Amount Paid	
Accounting Approved _____	Not Approved _____	Date _____	Initials _____
____ Hold for final grades		____ Hold for posting of graduation	
Date Sent: _____		Registrar Office Signature: _____	