

Office of the Registrar  
2665 Renfrew Street, Vancouver, B.C., V5M 0A7, Canada  
Tel. 604-683-9200 / 1-866-717-8080 / Fax 604-684-8839

**REGISTRAR'S OFFICE USE ONLY**

Picked-up  Mailed  Faxed  Emailed

Date Released: \_\_\_\_\_

Signed By: \_\_\_\_\_

Notified Student on: \_\_\_\_\_ by: \_\_\_\_\_ Intl: \_\_\_\_\_

## STUDENT DOCUMENT REQUEST

STUDENT INFORMATION	
<b>Last Name</b>	<b>First Name</b>
<b>Student ID Number</b>	<b>Program/Major</b>
<b>Campus Location</b>	<b>Year Attended</b>
<b>Email</b>	<b>Telephone Number</b>
REQUEST THE FOLLOWING DOCUMENTS: (Check one or more, indicate number of copies)	
<input type="checkbox"/> Confirmation of Enrolment Letter	QTY: _____
<input type="checkbox"/> Unofficial Transcript	QTY: _____
<input type="checkbox"/> Official Transcript processing fee are as follows: - Art Institute Student (2003 to present) : <b>\$10/copy</b> - Archived documents (2003 and prior) : <b>\$20/copy</b>	QTY: _____
<input type="checkbox"/> Others/Comments (please specify) _____	
Please provide name and address of recipient/institution: Fax: <input type="checkbox"/> Mail: <input type="checkbox"/> Pick up <input type="checkbox"/> Email: <input type="checkbox"/> (Note: Due to security concerns, transcripts cannot be emailed.)	
Attn to: _____	
Address: _____ _____	
Fax Number / Email Address (when applicable): _____	
_____ <b>Student's Signature</b>	_____ <b>Date</b>
Please submit completed form to the Registrar's Office, by email at <a href="mailto:AIVRegistrar@aii.edu">AIVRegistrar@aii.edu</a> , or by fax at 604-684-8839. Documents for pick-up may only be released upon presentation of valid identification or signed authorization letter.	
<input type="checkbox"/> Pay upon pick-up	Accounting Dept: Total Amount Paid: \$ _____ Signed By _____ Date: _____

----- FOR ACCOUNTING PURPOSE ONLY -----

METHOD OF PAYMENT	
Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card <input type="checkbox"/>	Amount Payable: \$ _____
VISA/MC/AE# _____	EXP: Month _____ / Year _____
Credit Card Authorization:	
I, _____ (Cardholder's full name as listed on card) hereby provide authorization to charge my credit card for the total amount of \$ _____ payable for document request processing fee/s, as applicable.	
Signature of cardholder: _____	Email payment receipt to: _____
Note: Please contact the Accounting Dept. directly at <a href="mailto:aivaccounting@edmc.edu">aivaccounting@edmc.edu</a> for payment inquiries or for other payment options.	