

Transcript Request

Name: _____

ID# _____ Phone: _____ Email: _____

Current Status: Active Graduate Withdrawal

Dates Attended: _____

I would like my transcript printed (please check one):

- Now, even though the current quarter grades are not included.
- After grades for the WI SP SU FA 20____ quarter have been posted.

Print clearly the name and COMPLETE mailing address of the person or office you would like to receive this transcript. Please submit a separate request for each address that will be receiving the transcript. If you would like to pick it up, please write "Pick up" in the space below. *The student must come back with a picture I.D. at the time of pick-up.*

The undersigned hereby consents to the disclosure by The Art Institute of York-Pennsylvania of the above listed educational records to the above stated party.

Student Signature: _____

Date: _____

Parent Signature*: _____
(*parent must sign if student is under 18 years old)

Date: _____

Fees: There is a \$5.00 fee per transcript. Transcripts will not be mailed without student signature, or if student has outstanding fees or obligations.