



The Art Institutes®

## Academic Transcript Request Form Instructions

1. In order to request a transcript, please follow the steps below. **Mailed requests typically require three (3) weeks processing time.**
2. Print and complete the Transcript Request Form. We must have your signature, along with the **\$7.00 fee** in order to process your request. **NOTE: Forms submitted without payment will be discarded. Current and former students may request a transcript provided account holds are cleared with a zero balance.**

Mail form and payment information to:

Dream Center Education Holdings  
 ATTN: Academic Operations Department  
 1400 Penn Avenue  
 Pittsburgh, PA 15222

*Please note: If you are waiting for your degree to be posted, or for a certain class to show as completed with grade posted, you should NOT request your official transcript until you have verified this action is complete.  
 Please print legibly.*

YOUR NAME (at time of attendance): \_\_\_\_\_

CAMPUS ATTENDED: \_\_\_\_\_

Student ID Number: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ Current Student: Y\_\_\_N\_\_\_ Former Student: Y\_\_\_N\_\_\_

CURRENT Mailing Address: \_\_\_\_\_

Dates of Attendance: \_\_\_\_\_ Programs/Degrees/Majors: \_\_\_\_\_

***I hereby request and authorize the release of my academic transcript(s) as indicated below.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Total Number of Copies:** \_\_\_\_\_ OFFICIAL (\$7 each) \_\_\_\_\_ UNOFFICIAL (free of charge)

**PAYMENT:** Check or Money Order ONLY      **TOTAL FEE INCLUDED:** \_\_\_\_\_

**Mail Transcript(s) to (if different than current mailing address above):**

\_\_\_\_\_

\_\_\_\_\_

<b>Internal Use Only- This area completed by the Accounting and Academic Operations Departments:</b>	
Date Received: _____	Acctg Approved: Y___ N___ Payment Processed: Y___ N___
Date Sent (if applicable): _____	Processor Initials: _____