



The Art Institutes®

This form is for closed Art Institutes campuses only.

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 in order to process your request. **Mail** form to:

The Arts Institutes International, LLC
 ATTN: Academic Operations Department
 615 McMichael Rd
 Pittsburgh, PA 15205

Please print legibly.

YOUR NAME (at time of attendance): _____

CAMPUS ATTENDED: _____

Student ID Number: _____ PHONE: _____

EMAIL ADDRESS: _____

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: _____

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Total Number of Copies: _____ X (\$15.00 each) = **TOTAL FEE INCLUDED:** _____

Payment: Check or Money Order ONLY - *Please make payable to The Arts Institutes International, LLC*

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

Internal Use Only- This area completed by the Accounting and Academic Operations Departments:

Date Received: _____ Acctg Approved: Y____ N____ Date Sent (if applicable): _____

Processor Initials: _____