



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 in order to process your request. **Mail** form 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                      \_\_\_\_\_ UNOFFICIAL

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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