

**AIB**  
College of Business  
Transcript Request Form

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SS# \_\_\_\_\_ Date \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle)

**Last Name Attended Under** (if different): \_\_\_\_\_

**Current Address:** \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip)

**Phone:** \_\_\_\_\_

**Are you a graduate?** \_\_\_\_\_ Yes or \_\_\_\_\_ No \_\_\_\_\_  
(Year Graduated)

**Are you attending AIB now?** \_\_\_\_\_ Yes or \_\_\_\_\_ No \_\_\_\_\_  
(Year last attended)

**Reason for Transcript**

\_\_\_\_\_ Transfer to another school \_\_\_\_\_ Scholarship  
\_\_\_\_\_ Employment purposes  
\_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_ Send immediately \_\_\_\_\_ No. of copies  
\_\_\_\_\_ Send at the end of this term

X \_\_\_\_\_  
(Student Signature)

**Send To:** \_\_\_\_\_

**Street:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Attention:** \_\_\_\_\_

Please enclose **\$10.00** per official transcript (make checks payable to: AIB); or contact the Business Services Office at 1-800-444-1921 to pay by credit card over the phone. Payment must be received before your request can be processed.