

TRANSCRIPT REQUEST

Date _____

Social Security Number _____ Date of Birth _____

Name _____
(Last) (First) (Middle/Maiden)

Street Address _____

City, State, Zip _____

Telephone _____

High School or College _____

Street Address _____

City, State, Zip _____

Name as Listed on Your Previous Transcript

(Last) (First) (Middle/Maiden)

Year Graduated or Withdrew _____

Student signature to release transcript

Please return a copy of this request and transcript to:

AIB College of Business
Admissions Office
2500 Fleur Drive
Des Moines, IA 50321

Any fees associated with transcript releases are the responsibility of the student/graduate.