Transcript Request Form

Full Name: _____________________________________________________________________________________________

Last                                              First                                   M.I.               Maiden Name

Number of transcripts requested __________________________ Home or Cell Phone: (     )____________________________

E-mail Address: _________________________________________________________________________________________

Student ID or Social Security Number ________________________________________________________________________

School of Attendance: ☐ The Art Institute of Charlotte  ☐ American Business and Fashion

Type of Transcript: ☐ Official ($5 per transcript mailed)  ☐ Official ($5 per transcript faxed)  ☐ Unofficial (free)

Payment Enclosed: ☐ Yes  ☐ No  ☐ Not Applicable

*As stated in the catalog, there is a $5 fee for each official transcript. Fees must be paid with CASH, MONEY ORDER, or CREDIT CARD. Personal checks will NOT be accepted. Failure to meet financial obligations may lead to the withholding of academic transcripts. After payment is cleared, transcript requests are then usually processed in 5-7 business days.

Please mark which method of delivery you would like to use:

☐ I will pick up my transcript

☐ Please mail to:
   ATTN: _____________________________________________________________________________________________
   Address: _________________________________________________________________________________________
   Street                           City
   State                                                      Zip

☐ Please Fax to:
   ATTN: _____________________________________________________________________________________________
   Fax#: _____________________________________________________________________________________________

You can send us your transcript requests by:

1. Mailing your transcript request and fee to:
   The Art Institute of Charlotte
   Attention: Registrar’s Office
   2110 Water Ridge Parkway
   Charlotte, NC 28217

OR

2. Faxing your transcript requests to 704-357-1514
   You can pay your fee over the phone by calling student accounting at 704-357-4693

Signature ________________________________________________________   Date______________________________

For questions please contact: Registrar’s Office 704-916-2336

For Internal Use Only

Date Received________ Student ID#   _____________ Processor _______________ Date Processed  _____________________