



American Academy of Art College  
Registrar's Office  
332 South Michigan Ave.  
Chicago, IL 60604-4302

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## Transcript Request Form

Transcripts are processed as rapidly as possible and are usually honored within two weeks of the request. Transcripts will not be issued until all financial obligations to the American Academy of Art College are met.

**Please *print* the following information** and mail to the above address  
or email to Marcia Thomas at [mthomas@aaart.edu](mailto:mthomas@aaart.edu)

Current Name: \_\_\_\_\_

Former Names (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Approximate Dates Attended: \_\_\_\_\_

Number of Transcripts Requested (**Transcripts are \$5 per copy.**): \_\_\_\_\_

Cash / Check / Money Order Enclosed

Contact me to pay via credit card

Please release and mail a copy of my academic transcripts to the following:

_____	_____
_____	_____
_____	_____
_____	_____

Please add me to the American Academy of Art College Alumni Newsletter List.

Signature\* \_\_\_\_\_ Date \_\_\_\_\_

*\*signature must be hand written, not typed*

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