



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

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 registrar@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*
