

## Transcript Request Form

Date:							
*Name:		1		Ва	nner No	) <b>.</b>	
	Last	First		MI			
*Please provide	e the name you had while at	AAMU as a student.					
Address:							
	Route, POB, or Numb	er/Street		City		State	Zip
Day phone:		-	Da	ite of Birth:			
# copies requ	ıested:	Dates of At	tendance	):		to	
Copies are \$5.0				mm/yyy	/		тт/уууу
Please check	all that apply to you:						
Process	now				End	of curi	ent semester
☐ I have t	ransfer/transient credit	s from another sch	ool		Afte	er degr	ee is posted
-	anscript request (REQUIRE						
Please note: Of	ficial transcripts are not issu	ed for personal use.					
Send official	transcript(s) to:						
1.			2.				
The Pegistrar's	Office has my normission to	cond this transcript to t	the above r	amod individual	or organia	ration	
The Registrar's Office has my permission to send this transcript to the above named individual Student Signature (REQUIRED):					_	ate:	
Student Sign	atare (REQUIRED).					acc.	
<ul> <li>Ordina</li> </ul>	rily, transcripts are issued w	ithin 3-5 business days	of receipt of	of request. Howe	er, during	g peak tii	mes of the year
	lay, Aug), the time period is		•	•			•
<ul> <li>No fax</li> </ul>	ed requests are accepted.						
<ul> <li>Applica</li> </ul>	ant is responsible for the legi	bility of the addresses.	Applicant i	must provide com	plete mai	iling add	resses.
• Transc	ripts are not issued to/for st	udents who have past/o	current bal	ances at the unive	ersity.		
	Check here for pick-up			Please mail your	-		
	Pick-up Date:			Alabama A8 Office of t		-	
	· –				ox 848		
	*** For Office Us	e Only ***		Normal	ΔΙ 35762	,	

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