

# AI The Art Institute of Washington-Dulles

## REQUEST FOR TRANSCRIPT The Art Institute of Washington OFFICE OF THE REGISTRAR

*Please print clearly*

STUDENT'S NAME (LAST, FIRST, MIDDLE)	Student ID #	DATE	# OF COPIES

### STUDENT'S ADDRESS

Street \_\_\_\_\_ Apt \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Extension \_\_\_\_\_  
(including area code)

### ENROLLMENT STATUS

☐ Not Currently Enrolled

Time Attended: \_\_\_\_\_ to \_\_\_\_\_

Month / Year                      Month / Year

*No transcript is issued to or for a student who is indebted to The Art Institute until such indebtedness has been satisfied in full. There is a \$2.00 fee per transcript copy. Fee must be received before transcript will be sent.*

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**STREET** \_\_\_\_\_ **APT** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**ATTENTION:** \_\_\_\_\_

**SIGNATURE** (REQUIRED FOR TRANSCRIPT RELEASE) \_\_\_\_\_

Note: The student's complete legal signature is required on a transcript request.

If paying by check - mail request and full payment to The Art Institute of Washington, Registrar's Office, 1820 N. Fort Myer Drive, Arlington, VA 22209-1802. Please allow five business days for processing with the exception of peak periods which may require additional processing time.

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