

TRANSCRIPT REQUEST FORM IAIA REGISTRAR'S FAX # 505-424-5786

🗆 Official	Transcript [] Unofficial Transcript	
Student Name	Previous/Maiden	/Other Names	DOB
Dates Attended	SSN #	Phone #	
Present Address	City	State	Zip
# of Copies	E-MAIL ADDRES	S:	
<u>\$5.00 Transcript Fee:</u> All requests require 4-5 days for	or processing. PAYMEN	Г MUST ACCOMPANY REQUEST:	
 Picked up by student. Must present photo ID to pick up. Mail to address given below. Hold for final grades Fax 1st and then mail the original to the same place. 		Cash Check/Money Order (Pay Credit Card: Visa; Maste Credit Card #	erCard; Discover
PLEASE SEND TRANSCRIPT TO:		Expiration Date (mm/yr):	
Name		Billing Address if different	from Present Address above:
Address			
City State Zip			
Fax #			
Fax #(Required if requesting transcript to be faxed)			
I authorize the release of my transcript as indicated			
Signature	Date		
 No transcript will be furnished when Financial Aid, Financial Services of Transcripts can only be processed when payment is received. Federal law prohibits release of this transcript or its contents to any part An official transcript is one mailed directly to a college, university, or the All transcripts released to students are stamped "Issued to Student" If you are requesting transcripts be sent to more than one address, comp Transcripts on file from high schools or other colleges cannot be duplication. 	y without the written conse hird party from the Institute ". Some institutions will no lete a separate form for eac	ent of the student. e of American Indian Arts. of accept transcripts unless mailed from the l ch address requested.	
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For Office Use Only Fee Received Fee Received Fee Charged Transcript Request Form; revised 7/2/8 Fee Charged		Date Sent Pro	pressed by