

83 AVAN NU PO ROAD

SANTA FE, NM 87508

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

Student Name	A	fficial Transcript Names	DOB
Dates Attended	SSN #	Phone #	
Present Address	City	State	_Zip
# of Copies	E-MAIL ADDRESS:		
\$5.00 Transcript Fee: All requests require 4-5 days for pr	ocessing. PAYMENT MUST	TACCOMPANY 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. PLEASE SEND TRANSCRIPT TO:		NO CHARGE-Scholarship Ad	terCard; Discover
Name		Student Signature	
Address		Student Signature	
City State Zip			
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 or Li Transcripts can only be processed when payment is received. Federal law prohibits release of this transcript or its contents to any party wi An official transcript is one mailed directly to a college, university, or third pairs and the second transcript to a college and the second transcript to the second transcript or the second t	thout the written consent of th party from the Institute of Am	e student. erican Indian Arts.	

• If you are requesting transcripts be sent to more than one address, complete a separate form for each address requested.

• Transcripts on file from high schools or other colleges cannot be duplicated. If you need transcripts from other institutions you must contact them directly for transcripts.

For Office Use Only

Fee Received _____

Date Sent _____ Processed by _____