



Transcript Request Form

Transcript requests must be made in writing, via mail or fax. Please print out this form and use it to request your transcript. Your account balance must be in current standing for your transcript to be released. The Institute does not charge a fee for transcripts.

FIRST NAME _____ LAST NAME _____

E-MAIL ADDRESS _____ PHONE NUMBER _____

NAME WHEN ATTENDED PROGRAM IF DIFFERENT _____

Student ID _____ or Social Security Number _____

If you attended prior to 1989, please indicate:

state _____ **location** _____ **approximate graduation date** _____

ADDRESS WHERE THE TRANSCRIPT SHOULD BE SENT

SIGNATURE _____ DATE _____

*Transcripts for students graduating 1989 and later are sent within three business days.
Transcripts for students graduating 1988 or prior are sent within five business days.*

By Fax to 419-715-6235

By Mail to AIPS, 1018 Woodview Court, Aurora IL 60502