



Art Academy of Cincinnati Transcript Request Form

Office of the Registrar
 1212 Jackson St.
 Cincinnati OH 45202
 Phone 513-562-8749
 Fax 513-562-8778
 registrar@artacademy.edu

Please complete all of the following information and return to the Office of the Registrar.
 Payment must accompany this request; if you pay by credit card you may fax your request.

Student Information - Please Print

 Name (Name while attending the Art Academy)

 Social Security Number

 Address

 City, State & Zip Code

 Phone Number (important in case we have questions)

 Dates of Attendance

I affirm that I am the above named student. In compliance with FERPA, I hereby give my written consent and authorize the Art Academy of Cincinnati to release my academic record as noted.

 Signature

 Date

Number of copies and Delivery

 Number of copies needed

Pick Up (Photo ID required for pick up)
 Registrar's Office Hours – Monday through Thursday, 9:00 am to 3:00 pm

Mail To: _____

Cost

\$ _____ \$5 per transcript (3 to 5 days to process)
 \$ _____ \$10 per transcript for same day processing and in-person pick up
 \$ _____ Total (Make checks payable to the: Art Academy of Cincinnati)

The Art Academy of Cincinnati also accepts MasterCard or Visa

 Charge Card Number

 Card Expiration Date

 Print name as it appears on card

 Signature/Date

Office Use Only

 approved Transcripts may be released. \$ _____ Amount paid

 denied Do Not Release. _____ Transcript(s) Sent
 Student has outstanding financial obligations to the Art Academy. Date