



Art Academy of Cincinnati
College of Art & Design

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 (last 4)

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 (7 to 10 days to process)
\$ _____ \$10 per transcript for same day processing
\$ _____ 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. Student has outstanding financial obligations to the Art Academy. _____ Transcript(s) Sent
Date