

TRANSCRIPT REQUEST FORM

FEE: \$5 PER TRANSCRIPT (OFFICIAL OR UNOFFICIAL)

Please complete the following information and mail with check or money order (made out to Cleveland Institute of Art), or charge card information (Visa or MasterCard only) to:

Registrar's Office
Cleveland Institute of Art
11610 Euclid Ave., Cleveland, OH 44106

OR, fax your request to the Registrar's Office at 216-754-3385. (Only charge card payments will be accepted with faxed transcript requests.)

PRINT CLEARLY:

Name: _____ Name on CIA Records: _____

Date of Birth: _____

Home Address: _____

City, State, Zip: _____

Home Phone No.: _____ **Work Phone No.:** _____

Approximate Dates of Attendance: _____ **OR** Year of Graduation _____

Program attended (please check all that apply):

Day, degree _____ Continuing Ed (evening) _____ Foreign Studies _____ Young Artist _____

Please indicate type and number of transcripts needed in the appropriate space(s) below. **Fee: \$5 per transcript requested.**

Official _____ Unofficial, student copy _____ Total transcripts requested: _____

If paying by Visa or MasterCard, please complete following information in full:

Type of card: _____ Acct. No. _____ Security Code: _____

Name on card: _____ Expiration date: _____

Complete Cardholder Address: _____

Signature: _____

The Registrar's Office has my permission to forward my transcripts to the individual(s) or organization(s) listed below.

Student signature: _____ **Date:** _____

PLEASE SEND MY TRANSCRIPTS TO:

NAME OF ORGANIZATION OR INDIVIDUAL:

ATTN: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PLEASE ALLOW APPROXIMATELY ONE WEEK FOR PROCESSING OF TRANSCRIPTS.