

TRANSCRIPT REQUEST FORM

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

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

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

You may also fax your request to the Registrar's Office at 216-754-3385, OR email a scanned request to registrar@cia.edu. Only charge card payments will be accepted with faxed/scanned transcript requests. Please note, the Institute cannot guarantee security of credit card information sent through email.

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, MasterCard, or Discover please complete following information in full:

Type of card: _____ Card Number _____ 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.