AMERICAN INTERNATIONAL COLLEGE

Transforming Lives Since 1885

TRANSCRIPT REQUEST FORM

Applicant Information

Please provide the information requested below and send this form (or a copy of it) to all colleges or universities you have attended.

Applicant's Full Name	Name During Enrollment (if different)	Social Security Number
Institution Name	Dates Enrolled	Degree and Year

I hereby authorize the release of one official transcript to American International College's School of Continuing and Extended Studies.

Signature	Date

Issuing Institution

The person named above is applying to American International College's School of Continuing and Extended Studies and requests one transcript be released to the college. Please enclose one copy of the official transcript and mail to:

Barbara Benoit
American International College
Office of Graduate Admissions
1000 State Street, Springfield, MA 01109

The School of Continuing and Extended Studies can be reached by phone at 413.205.3700 and fax at 413.205.3701.

Signature of Official Filling Request	Date