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 Office of Graduate Admissions.

Signature | Date

Issuing Institution

The person named above is applying to a graduate program at American International College and requests one transcript be released to the college. Please enclose one copy of the official transcript and mail to:

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

The Office of Graduate Admissions can be reached by phone at 413.205.3201.

Signature of Official Filling Request | Date