



Official Transcript Request Form

Instructions: Fill out all information and click submit at the bottom of the form.

GENERAL INFORMATION

*FIRST NAME: _____ *LAST NAME: _____ MIDDLE NAME: _____

MAIDEN/OTHER NAME USED: _____

*STREET: _____

*CITY: _____ *STATE: _____ *ZIP: _____

PHONE: _____ EMAIL: _____

PROGRAM INFORMATION

Please list the name of the program you completed. Dates of attendance are desirable.

*PROGRAM/CLASS: _____

DATE GRADUATED: _____ or DATES OF ATTENDANCE: _____

DELIVERY INFORMATION

Please **mail** _____ official transcript(s) to:

Please also **email** an **unofficial** transcript to the following:

NAME: _____

NAME: _____

ADDRESS: _____

Organization/School: _____

CITY: _____ STATE: _____

Email: _____

ZIP: _____ COUNTRY: _____

Please send me a student (unofficial) copy to my email address listed above.

VERIFICATION AND SIGN

I understand that IACT will not furnish transcripts for students or alumni with outstanding financial obligations. If you require expedited processing, please call (937)705-1039 to make arrangements to meet specified deadlines.

*SIGNATURE (REQUIRED): _____

DATE: _____