



# AIHT EDUCATION

## TRANSCRIPT RELEASE FORM

STUDENT NAME: \_\_\_\_\_ Date: \_\_\_\_\_

PROGRAM: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL ID: \_\_\_\_\_

DATES OF ATTENDANCE (if graduated): \_\_\_\_\_

Number of Copies: \_\_\_\_\_

Delivery Option:     Mail                       In-person  
(You will be charged \$2.00, if you opt for Mail Delivery)

ISSUED TO (please mention below)

NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE & ZIP CODE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**\*\*FOR OFFICE ONLY\*\***

**PROCESSED BY**

ADMINISTRATOR TITLE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_