

**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: \_\_\_\_\_  
Contact Phone No.: \_\_\_\_\_ **Email (for receipt):** \_\_\_\_\_

**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:** \_\_\_\_\_

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PLEASE SEND MY TRANSCRIPTS TO: (NAME OF ORGANIZATION OR INDIVIDUAL):

\_\_\_\_\_

ATTN: \_\_\_\_\_

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

CITY, STATE, ZIP: \_\_\_\_\_

**PLEASE ALLOW APPROXIMATELY 5 DAYS FOR PROCESSING OF TRANSCRIPTS.**