

TRANSCRIPT REQUEST FORM



AMERICAN WORLDWIDE ACADEMY

Student Name: _____

Student ID No.: _____

Date of Birth: _____

Phone Number: _____

Student Signature: _____ Date of Request: _____

\$10.00 FEE PER TRANSCRIPT REQUEST

Print below the name and address of the person or institution to receive the transcript.

Name: _____

Attention (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

NOTE: Transcript will only be sent upon written or online request by student and after payment of transcript fee(s). No transcript of a student's record will be furnished for a student or alumnus whose records are incomplete or whose financial obligations to American Worldwide Academy have not been satisfied. One week processing time is normally required to process a request. If transcript is being mailed to another educational institution, a specific office should be designated.

- Cash
 Money Order/ Cashier's Check

Credit Card Information: VISA, MASTER CARD, AMEX, DISCOVER, Diners Club, and JCB

Name on Card: _____ CC# _____

Address: _____ Expiration Date: _____

City, State, Zip Code: _____ CVV Number: _____

Authorized Signature: _____