

AMERICAN ACADEMY McALLISTER
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TRANSCRIPT REQUEST FORM

This form is to be completed by students or graduates who wish to request an official transcript.

PLEASE COMPLETE ALL INFORMATION

Name: _____

Mailing address: _____

City: _____ State: _____ Zip code: _____

Name used while in attendance: _____

Social Security #: _____ Date of Birth: _____

Telephone: _____ Cell phone: _____

Email address: _____

Did you graduate: Yes ___ NO ___ Dates of Attendance: _____

Please indicate the name of the person or department that will receive the transcript; along with the name & complete mailing address of the: college, business or organization receiving the official transcript.

Name of person or department: _____

Name of college, business or organization: _____

Complete mailing address: _____

City: _____ State: _____ Zip code: _____

Signature: _____ Date: _____

METHOD OF PAYMENT: MONEY ORDERS AND CREDIT CARDS (NO PERSONAL CHECKS)

Transcript request fee: \$5.00 per copy (5 days to process).

RUSH ORDERS \$10 per transcript (2 days to process)

Master card ___ Visa ___ Credit card #: _____

Card Holder's Name: _____ Expiration date: _____ CV Code: _____

Billing Address (if different than above)

Street Address: _____

City: _____ State: _____ Zip Code: _____

Signature: _____ Date: _____