

**AMERICAN ACADEMY McALLISTER  
INSTITUTE OF FUNERAL SERVICE, INC.**

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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: \_\_\_\_\_

Last four digits Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Did you graduate: Yes \_\_\_ NO \_\_\_ Dates of Attendance: \_\_\_\_\_

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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: \_\_\_\_\_

Transcripts of academic records are sent only upon the written request of the student. No transcript will be furnished for any student or graduate whose financial obligations to AAMI have not been met or whose records are not complete.