Office of the Registrar
Alabama A&M University
204 Patton Building
Normal, AL 35762
256-372-5254

Transcript Request Form

Date: _____

***Name:** _____ _____ _____ **Banner No.** _____
Last First MI

***Please provide the name you had while at AAMU as a student.**

Address: _____ _____ _____ _____
Route, POB, or Number/Street City State Zip

Day Phone: _____ **Date of Birth:** _____

 # Copies requested: _____ **Dates of Attendance:** _____ **to** _____
Copies are $5.00 each mm/yyyy mm/yyyy

Please check all that apply to you:

- ☐ **Process now**
- ☐ **I have transfer/transient credits from another school**
- ☐ **End of current semester**
- ☐ **After degree is posted**

Purpose of Transcript (REQUIRED): _____
Please Note: Official transcripts are not issued for personal use.

Send official transcript(s) to:

1. _____
_____
_____
_____

2. _____
_____
_____
_____

The Registrar's Office has my permission to send this transcript to the above individual or organization.

Student's Signature(REQUIRED): _____ **Date:** _____

- **Ordinarily, transcripts are issued within 3-5 business days of receipt of request. However, during peak times of the year (Jan, May, Aug) the time period is 14-20 days.**
- **No faxed requests are accepted.**
- **Applicant is responsible for providing the complete mailing address and making sure that it is legible.**
- **Transcripts are not issued to/for students who have past/current balances at the University.**

*****For Office Use Only*****
Check here for pick-up ☐

Pick-up Date: _____

Rev. 8/2015