



Office of the Registrar
 Alabama A&M University
 PO Box 848
 Normal, AL 35762
 256-372-5254

Transcript Request Form

Date: _____

*Name: _____
Last First MI

Banner No. _____

*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 _____
First copy is free. Additional copies are \$3.00 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 request (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 named individual or organization.

Student 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 business days.
- No faxed requests are accepted.
- Applicant is responsible for the legibility of the addresses. Applicant must provide complete mailing addresses.
- Transcripts are not issued to/for students who have past/current balances at the university.

Check here for pick-up <input type="checkbox"/> Pick-up Date: _____ *** For Office Use Only ***

Please mail your request & fee to: Alabama A&M University Office of the Registrar PO Box 848 Normal, AL 35762
