



Office of the Registrar
Alabama A&M University
204 Patton Building
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: _____
Copies are \$5.00 each

Dates of Attendance: _____ to _____
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: _____