

AMERICAN INSTITUTE OF LAW

TRANSCRIPT REQUEST FORM

18411 Crenshaw Boulevard, Suite 416, Torrance, California 90504-5066
Telephone (888) 412.4593, Fax: (888) 657.1895, Web: www.instituteoflaw.com



TRANSCRIPT REQUEST

Student Information

From: _____
Last Name First Middle Maiden

Current Address: _____

City, State, Zip: _____, _____

Social Security: _____ - _____ - _____ Date of Birth: _____ - _____ - _____

Mailing Address: _____

City, State, Zip: _____, _____

Signature: _____ Date: _____ - _____ - _____

Mailing Address

I, hereby, authorize American Institute of Law to mail my confidential official transcript to the following institution or Individual located in the Continental United States:

Institution: _____

Attention: _____
Name or Department

Mailing Address: _____

City, State, Zip: _____, _____

Signature: _____ Date: _____ - _____ - _____

Payment Authorization

I authorize American Institute of Law to charge a \$25.00, non-refundable, transcript request fee utilizing the following payment method:

Credit or Debit Card: _____
(VISA, MasterCard, Discover, American Express)

Exp Date: _____ - _____ - _____ Sec Code: _____

Billing Information

Name on Card: _____
First Name Last Name Middle Initial

Billing Address: _____

City, State, Zip: _____, _____ _____

Authorization to Charge

Signature: _____ Date: _____ - _____ - _____

Mail this transcript request form to American Institute of Law, 18411 Crenshaw Boulevard, Suite 416, Torrance, California 90504-5066

