AIB TRANSCRIPT REQUEST FORM
2010 Fall

Michigan Business Consultants Training & Development Inc. (-MBC-)

Michigan Bankers Association (mba) — A Local ABA Training Provider

American Institute of Banking (AIB)

___ ___ ___ - ___ ___ - ___ ___ ___ ___
Student's Social Security Number

___/___/___
Today's Date

_____ _____ _____
First Name Middle Initial Last Name

_____ _____
Bank Name E-mail

_____
Your Address

_____ _____ _____
City State Zip

(____)_____ _____ (____)_____
Work Phone Ext. Fax

_____
E-mail.

_____
Send to Name/Organization

_____
Send to Address

_____ _____ _____
City State Zip

(____)_____ _____ (____)_____
Work Phone Ext. Fax

COURSES

To verify the accuracy of your transcript, please provide information for all courses taken prior to January 1, 2005.

Course Title	Instructor	Semester	Grade

☐ Check here if course list includes classes taken ONLINE.

Continue Course List on Back if Necessary

ATTEST

The information provided herein is true and accurate to the best of my knowledge. I have carefully read and agree to MBC's and AIB's policies regarding course registration, drops/adds, refunds, attendance, fees, transcripts, and other guidelines. I understand and will adhere to my institution's personnel policies regarding education, training, and development programs.

Student Signature: _____
Manager's Signature: _____
Manager's Name: _____ R&T#_____
(Please provide Manager's signature to authorize charging the fee to your bank.)

☐ Unofficial Transcript Fee: $ 25. ☐ Official Transcript Fee: $ 35.
☐ Unofficial Transcript, No Charge for active students from 1/1/05-current.

Payment Method: ☐ Payment Enclosed ☐ Charge to Bank

MBC Use Only:
DB Entry: ___/___/___ _____
Filled: ___/___/___ _____
Rev 7/8/2010

FAX or MAIL to: MBC Training /AIB
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Fax: (586) 779-3715