



AIB TRANSCRIPT REQUEST FORM

2012 Winter

_____-_____-_____-_____-_____-_____-
Student's Social Security Number

____/____/____
Today's Date

First Name Middle Initial Last Name

Bank Name E-mail

Your Address

City State Zip

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

Send to Name/Organization

Send to Address

City State Zip

(____) _____ (____) _____

Work Phone Ext. Fax

E-mail.

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 10/27/11

FAX or MAIL to: MBC Training /AIB

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