TRANSCRIPT REQUEST
PLEASE COMPLETE FORM

Aviation & Electronic Schools of America
PO Box 1810* 111 South Railroad Street Colfax, CA 95713

Soc Sec#: _____ Date of Birth: _____

_____
Current Last Name First Name Middle Name

_____
Other Name Used

_____
Current Mailing Address

_____
Phone Number Email

Dates Attended: _____ Number of Copies: _____

Signature: _____
(Transcripts are not issued until all outstanding accounts with the college are paid in full and all the required enrollement paperworks are in file with the school.)

_____
Mail to: Attn:_____
Name of School:_____
Mailing Address:_____
City:_____ State: _____ Zip _____

PLEASE READ THE FOLLOWING:

Transcript Policy:
1. A written request is required from students.
2. Transcript charges- **Advanced Payment Required**
   First request - No charge. All subsequent - $5 each.
3. Other instituions' transcript will not be included.
4. Valid photo ID required to pickup transcripts.
5. Transcript will not be released to a 2nd party without signed written permission from student.
6. All required enrollment paperwork must be on file at the school prior to released transcript.

Please allow 1 week for processing. Exceptions: Final Grades, Grade Changes, degree Posting & Peak Periods.

_____
Official Use Only

Date Received:
Date Issued: