

AIB Transcript Request Form

To request a copy of your AIB transcript, please complete the following form and mail to the address below. Please include \$5 per transcript request, and duplicate this form for multiple requests.

Please note: The AIB transcript request service is only offered to AIB students who enrolled in courses through the New York Bankers Association as of August 2002.

Full Name: _____

Last Name

First Name

Middle Name

Dates enrolled ____/____/____ -- ____/____/____ **Bank/Org** (at time of enrollment) _____

Social Security # _____ - _____ - _____ (required for AIB students)

Address: _____

Street

City

State

Zip Code

Purpose for request: [] employment [] **education*** [] self

* Official Transcript (signed and sealed in an envelope) should be sent to:

Name of Educational Institution:

Contact Person:

Address:

City, State, Zip:

Mail requests with payment to:

Wendy Andia
Education Coordinator
New York Bankers Association
99 Park Avenue, 4th Floor
New York, NY 10016



Questions? Call 212-297-1674

The New York Bankers Association is a Local ABA Training Provider