



AMERICAN INTERNATIONAL SCHOOL

P.O. Box 7714

Port St. Lucie, Fla. 34985 USA

Tel: 561-939-1755 Office

Fax: 561-939-1756

TRANSCRIPT REQUEST FORM

School

Address

City,

State,

Zip

RELEASE OF RECORDS REQUEST

The student below named below has enrolled at American International School to further their education. Please forward an official transcript of credits earned to:

Registrar

American International School

P.O. Box 7714

Port St. Lucie, Florida 34985 ~ USA

Student's full name:

Date of Birth: ___ / ___ / ___

_____ As a parent or guardian of the above named child, I give my permission to have their school transcript sent to the Registrar at American International School.

_____ I am eighteen years old and I give permission to have my transcripts sent to American International School.

Transcripts Fee: There is a fee of \$20.00 for each transcript request, which can be paid via PayPal - on our webpage, check or money order - payable to American International School.

Parent, Guardian's or Student's signature:

Date:
