



STUDENT OFFICIAL TRANSCRIPT REQUEST FORM

PART 1: YOUR INFORMATION

TODAY'S DATE _____

NAME _____

STUDENT ID or BIRTHDATE _____

PHONE _____

EMAIL ADDRESS _____

PART 2: OFFICIAL TRANSCRIPT REQUEST FEE

Official Transcripts are \$9.00 each. Below, add the number of transcripts you want mailed and the total you owe.

FIDM is committed to your privacy and protecting your information. Upon receipt of this request, we will email you a transcript invoice. Follow the directions on the email to pay on our secure site. Once payment has been made, your transcripts will be mailed.

of Transcripts needed _____

PAYMENT _____ x \$9.00

TOTAL OWED (# x \$9.00) \$ _____

PART 3: STUDENT SIGNATURE

Your signature is required to fulfill this request.

DATE _____

PART 4: ADDRESSES TO MAIL OFFICIAL TRANSCRIPTS

Organization Name _____

Address Line 1 _____

Address Line 2 _____

Address Line 3 _____

email: _____

Organization Name _____

Address Line 1 _____

Address Line 2 _____

Address Line 3 _____

email: _____

Organization Name _____

Address Line 1 _____

Address Line 2 _____

Address Line 3 _____

email: _____

If you have any questions after submittal of this form, email us at registrarla@fidm.edu or call (213) 624-1200 x3425.