

Transcript Request

Attention: _____

High School Transcript Release

Name of School

Address

City State Zip

Graduation Year

GED Certification Release

Issuing Institution Month/Year

Address

City State Zip

Please return this form with copy
of transcript / certification

Full Name (print)

Full name when graduation took place (if different than above)

Date of Birth Last 4 of Social Security Number

I hereby give my permission for my High School Transcript or GED Certification to be forwarded to:

**Admissions Services
International Air and Hospitality Academy
2901 E. Mill Plain Blvd.
Vancouver, WA 98661
360-695-2500**

Signature Date

Note: Please fax an unofficial copy to: 866-328-3540

