

# ARLINGTON CAREER INSTITUTE

901 Avenue K ♦ Grand Prairie, TX 75050

Phone: 972-647-1607 ♦ Fax: 972-647-4044

## OFFICIAL ACI TRANSCRIPT REQUEST

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

\* Please make sure that you have provided the name under which you registered for school.

Program: \_\_\_\_\_ Phone: \_\_\_\_\_

Status: \_\_\_\_\_ Currently Attending SSN: \_\_\_\_\_

\_\_\_\_\_ Graduate DOB: \_\_\_\_\_

\_\_\_\_\_ Interrupt Note: \_\_\_\_\_

### DATES OF ATTENDANCE:

### REQUIRED

Start Date: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Or Withdrawal Date: \_\_\_\_\_

Any additional information  
regarding attendance and  
enrollment:

**PLEASE ALLOW AT LEAST 5 BUSINESS DAYS FOR TRANSCRIPT TO BE PROCESSED.**  
(up to two weeks during registration and holiday periods)

Number of copies requested at \$5.00 each. Total Amount Due: \_\_\_\_\_

Check or Money Order – Pay to the Order of *Arlington Career Institute*.  
Cash will be accepted only if paying in person.

Will pick up on: \_\_\_\_\_ (Date & Time)

Mail the transcript:

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Fax the transcript:

Fax Number: \_\_\_\_\_

Name: \_\_\_\_\_

I authorize the release of my transcript(s) to the above stated parties:

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

ATTENTION GRADUATES AND ALUMNI:  
Let us know what you are doing. Click on our Graduate/Alumni survey at [www.arlingtonci.com](http://www.arlingtonci.com)