

# Transcript Request Form

Request for Official and Unofficial Transcripts



Fees for Transcripts: \$10.00 - Official  
\$15.00 - Official/Rush  
No Charge - Unofficial/Member  
\$5.00 - Unofficial/Non-Member

## STUDENT INFORMATION

Name: \_\_\_\_\_ Maiden Name\*: \_\_\_\_\_

Home Address: \_\_\_\_\_ \*Needed only if classes were taken under this name.

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Bank name and city that you are/most recently were an employee at: \_\_\_\_\_

Last four digits of Social Security #: \_\_\_\_\_

I took AIB/MBA classes during the year(s) of: \_\_\_\_\_

### Type of Transcript(s) being requested:

- Unofficial Copy  
 Official Copy – will be sent directly to the college or employer

Send Unofficial Copy to:

- Address below     Fax     Email

Send Official Copy to:

Name: \_\_\_\_\_ College/University: \_\_\_\_\_

Address: \_\_\_\_\_ Attn: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_

Fax: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

I hereby authorize the release of my AIB/MBA transcript to the individual and/or entities above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please check payment type:     Check Enclosed     Invoice Me     Credit Card\*

**\*Call the MBA accountant, Antonina Drozdov at 952-857-2611 if you choose to pay by CREDIT CARD**

**Submit form and payment (if applicable) to Minnesota Bankers Association, Attn: Chris Harrison at the address below:**