

Douglas J

TRANSCRIPT REQUEST FORM

DOUGLAS J AVEDA INSTITUTE CHICAGO

Please complete, sign and date the form. It should be given to the Student Services Coordinator, along with any required payment(s). Transcript requests take 30 days to process.

Type of Transcript Request:

- _____ copies of my unofficial transcript.....Free
- _____ copies of my official transcript.....\$2.00 each

Student Information			
_____	_____	_____	
First Name	Middle Name	Last Name	
<i>Is this name different from the name used while attending Douglas J Aveda Institute? <input type="checkbox"/> Yes <input type="checkbox"/> No</i>			
<i>If yes, name used: _____</i>			

Address			

_____	_____	_____	_____
City		State	Zip
____/____/____	____-____-____	(____) _____	
Date of Birth	Social Security Number	Telephone	
Program: <input type="checkbox"/> Cosmetology <input type="checkbox"/> Esthiology <input type="checkbox"/> Massage Therapy <input type="checkbox"/> Instructor			

- I will pick up the transcripts.
- Please release and mail _____ copies of the transcript to

Student's Signature

Date



admissions: 877.311.8957
 reservations: 877.334.8657
 douglasj.edu

331 e grand river ave · east lansing, mi 48823
 333 maynard st · ann arbor, mi 48104
 138 commerce ave sw · grand rapids, mi 49503
 409 s center st · royal oak, mi 48067
 2828 n clark st · chicago, il 60657
 516 s gay st · knoxville, tn 37902

