



# TRANSCRIPT REQUEST FORM

Members' CEU records will be maintained at the Academy's headquarters on the Academy CE Registry. At any time, members can access and print an Official Transcript for free online in their member profile. Should you need a transcript printed and mailed from the Academy, a **processing fee of \$10 per requested calendar year will be charged.** To request a transcript, please complete the form below.

**DATE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **MEMBER #:** \_\_\_\_\_

**ORGANIZATION:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

Please indicate transcript year(s) requested: \_\_\_\_\_

**Total Amount Enclosed:** \_\_\_\_\_  
**(\$10 for each calendar year)**

Please indicate where transcript should be mailed:

**Mail to Address Above**

**Mail to:**

**NAME:** \_\_\_\_\_

**ORGANIZATION:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**METHOD OF PAYMENT:**

**Check #** \_\_\_\_\_  **Visa**  **Master Card**  **American Express**  **Discover**

**Credit Card #:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**Name on the credit card:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

Please mail or fax to:  
American Academy of Audiology  
Education Department/Transcript  
11480 Commerce Park Drive, Suite 220  
Reston, VA 20191  
Ph: (703) 226-1043 Fax: (703) 790-8631