

Transcript Request Form



- Unofficial Transcript (Free)
- Official Transcript(\$12.00 per copy) –To request transfer credit
- College Transfer Credit Evaluation (\$25.00)
- AIB Transfer Credit Evaluation (FREE)

Payment to *IBA Foundation* must accompany request

Social Security Number: _____

Fullname: _____

Other Names/Maiden Name: _____

Bank: _____

Address: _____

City/State/Zip: _____

Daytime phone: _____

E-mail Address: _____

Send transcript to:

- Above address
- Please send transcript to the following school
(include name and mailing address):

Name & address of requestor (if different than student): ___

Student Signature (Required)

Payment information

- Check enclosed
(made payable to IBA Foundation)
- Charge my:
 - MasterCard
 - Visa

Account Number

Expiration Date

Return to:

IBA Foundation
6925 Parkdale Place
Indianapolis, IN 46254
317/387-9380
FAX 317/387-9374

Questions? Contact Susan Clark 317/387-9380 or sclark@indianabankers.org.