

Request for Official Transcript for Academic Credit or Employer Verification

Transcript Division
AICPCU/IIA
720 Providence Road – Suite 100 – Malvern, PA 19355-3433
Phone: 800-644-2101 Fax: 610-640-9576 Email: customersupport@cpcuiia.org Web: www.aicpcu.org

Full Legal Name: _____

Candidate Number: _____ Date of Birth: _____

CPCU/IIA Programs Completed or exams passed: _____

We charge \$20 for the first original transcript and \$5 for each additional original copy requested at the same time on the same request form. **Photocopies** of all original transcripts are sent to students for their records. Because of the confidential nature of grade information, the Institutes do not transmit grades by fax or email. Please allow 10 working days for processing.

- Please send an official transcript indicating all CPCU and/or IIA national examinations passed to my college. I've listed the address of the college below.
- Please send a sealed transcript to my address listed below. I would like to carry the information to the college personally.
- This transcript will be used to receive cross-credits for the CLU program of The American College. (We will mail the sealed original to you, and you can then mail it to The American College with your application form.)
- This transcript is for an employer's verification. I have listed the address below.

By this signature _____ Date: _____

I authorize you to send this report to the person or organization named below, with a free copy to me.
[Enter any additional names(s) and address(es) on a separate sheet of paper.]

Please check one if requesting college credit: Graduate or Undergraduate (Please indicate degree/major)

Send Original To:

Name: _____

College/Firm: _____

Street Address: _____

City/State/Zip: _____

Business Phone: _____

Send Copy To:

Name: _____

College/Firm: _____

Street Address: _____

City/State/Zip: _____

Business Phone: _____

- Enclosed is my check or money order, made payable to AICPCU and IIA.
- Please charge my: MasterCard Visa American Express Discover® Diners Club®

Account Number: _____ Exp. Date: _____

Cardholder's Signature: _____

Mandatory on all Charge Orders