

TRANSCRIPT REQUEST FORM

Members CEU records will be maintained at Academy headquarters in the members account. At any time, members can login to their account, and access and print an Official Transcript for free. Should a current member need a transcript printed and mailed from the Academy, a processing fee of \$10 per requested calendar year will be charged. If you are an expired member and need a transcript copy for any year that you were a paid member, a \$10 per calendar year charge will apply. To request a transcript, please complete the form below.

Date:		•			
Name:	Member ID#:				
Organization Name:					
Address:					
	State:				
Phone:	Email .	Address:			
Please ind	icate transcript	year(s) requested:		_	
Total Amount Enclosed:			(\$10 for each calendar year)		
Method of Payment:					
o Check #	o Visa	o Master Card	o American Express	o Discover	
Credit Card #:					
Expiration Date:		Security Code:			
Name on the credit card:					
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Please mail or fax to:

American Academy of Audiology
Attn: Education Department/Transcript
11480 Commerce Park Drive, Suite 220, Reston, VA 20191

Phone: (703) 226-1079 Fax: (703) 790-8631