



Alumni Transcript Request

To have your transcripts sent to the location you supply below you must complete the following information:

Please Print

Name while at the Academy: First Name: _____ Last Name: _____

Maiden Name / Last Name when attending Interlochen Arts Academy: _____

Graduation Year or Years of Attendance: _____ Year of Graduation: _____

E-Mail Address: _____ Date of Birth: _____

Day Time Telephone (w/area code): _____ Cell: _____

Signature: _____ Date: _____

Institution(s) where you would like your transcript sent:

Institution: _____ Department: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Institution: _____ Department: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Please submit this form in one of the ways listed below or use the webform
([http:// academy.interlochen.org/webform/alumni-transcript-request](http://academy.interlochen.org/webform/alumni-transcript-request)) on the website.

E-Mail to: academiccounseling@Interlochen.org

Mail to: Interlochen Arts Academy
Academic & College Counseling
PO Box 199
Interlochen, MI 49643

Fax Request to: 231.276.7491