

AHIP Request for Transcript Form

2009

There is a \$10.00 fee for each transcript requested. No personal checks will be accepted (see Method of Payment below).



PLEASE PROVIDE THE FOLLOWING INFORMATION:

STUDENT'S NAME

COMPANY NAME PHONE

ADDRESS (COMPANY OR STUDENT)

SIGNED DATE

RECORDS ARE TO BE SENT TO:

COLLEGE/STUDENT NAME

ADDRESS

ATTENTION:

METHOD OF PAYMENT:

CASHIER'S CHECK, COMPANY CHECK, OR MONEY ORDER ENCLOSED FOR \$ _____ (PAYABLE TO "AHIP INSURANCE EDUCATION")

CHARGE MY CREDIT CARD:

American Express VISA MasterCard

CREDIT CARD ACCOUNT # PRINT NAME EXPIRATION DATE

SIGNATURE DATE

If paying with credit card, please fax this form to our secure fax line: (301) 576-5345

If paying with check, please return this form and the check to:
AHIP Insurance Education Program, Learning Services Manager
601 Pennsylvania Avenue NW, South Bldg, Suite 500
Washington, DC 20004