

# 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 note that transcripts do not include a listing of designations attained. Only completed courses are displayed on the requested transcripts.



## 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