



INTERNATIONAL ASSOCIATION OF ASSESSING OFFICERS
Professional Development Department
314 W. 10th Street, Kansas City, MO 64105, Fax #: 816-701-8169

TRANSCRIPT REQUEST FORM

APPLICANT INFORMATION: Please type or print!

Name Is there another name we should search under?

Jurisdiction/Firm Title

Address

City State/Province Zip Code

Phone Number Fax Number E-mail

Please Mail Transcripts To:

Name

Jurisdiction/Firm Title

Address

City State/Province Zip Code

I give IAAO permission to release the information requested to the person/jurisdiction named above.

Applicant's Signature – **Required to release transcripts** Date

METHOD OF PAYMENT

*Processing fee is per transcript, up to **SIX** listings on one transcript. Payment must accompany the order.*

Enclosed is a check for \$50.00 (U.S.) Please bill my VISA/MASTERCARD (**Circle One**)

Name on Card Signature of Card Holder

Card Number Expiration Date Card Holder's Phone Number

Please attach a copy of your original *Examination Report or Certificate of Completion* for each program you would like listed on your transcript. If these documents are unavailable, please complete the following information. This information is necessary for processing and will also allow us to confirm your attendance and grade before completing this request.

Please use the next page for transcript listings.

SS# _____ (required for search)

1. Program Name and Number _____

2. Date of Course _____

3. Location _____

Did you successfully pass the examination? YES NO

1. Program Name and Number _____

2. Date of Course _____

3. Location _____

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