



# International Association of Assessing Officers **OFFICIAL TRANSCRIPT REQUEST FORM**

## ***Member Information***

Please print, type, or attach business card:

Member ID # \_\_\_\_\_ Last 4 Digits of Social Security # \_\_\_\_\_  
Name \_\_\_\_\_ Another name we should search under \_\_\_\_\_  
Jurisdiction/Firm \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State /Prov. \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

### ***Mail Transcript To***

Above Address     Below Address

Name \_\_\_\_\_  
Jurisdiction/Firm \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State /Prov. \_\_\_\_\_  
Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

**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**

- Non-Member \$50 per 8 listings on one transcript.
- IAAO Member \$25 per 8 listing on one transcript.
  
- Check Enclosed. (Make checks payable to IAAO, US funds only)
- Charge my:     Visa     MasterCard     AmEx

Card # \_\_\_\_\_ Expires \_\_\_\_\_  
Name \_\_\_\_\_ CSC \_\_\_\_\_  
Signature \_\_\_\_\_

Returned check charge is \$25. No refund or transfers allowed.

### **Submission**

Mail: Send check to 314 W. 10<sup>th</sup> St. Kansas City, MO 64105. Credit card: Submit electronically, e-mail to [education@iaao.org](mailto:education@iaao.org), or fax to 816-701-8169.

### ***Requested Course Listings***

1. Program Name and Number \_\_\_\_\_

- Year of Course \_\_\_\_\_
- State \_\_\_\_\_

Did you successfully pass the examination?  Yes  No

2. Program Name and Number \_\_\_\_\_

- Year of Course \_\_\_\_\_
- State \_\_\_\_\_

Did you successfully pass the examination?  Yes  No

3. Program Name and Number \_\_\_\_\_

- Year of Course \_\_\_\_\_
- State \_\_\_\_\_

Did you successfully pass the examination?  Yes  No

4. Program Name and Number \_\_\_\_\_

- Year of Course \_\_\_\_\_
- State \_\_\_\_\_

Did you successfully pass the examination?  Yes  No

*Continue on next page*

5. Program Name and Number \_\_\_\_\_

\_\_\_\_\_

- Year of Course \_\_\_\_\_
- State \_\_\_\_\_

Did you successfully pass the examination?  Yes  No

6. Program Name and Number \_\_\_\_\_

\_\_\_\_\_

- Year of Course \_\_\_\_\_
- State \_\_\_\_\_

Did you successfully pass the examination?  Yes  No

7. Program Name and Number \_\_\_\_\_

\_\_\_\_\_

- Year of Course \_\_\_\_\_
- State \_\_\_\_\_

Did you successfully pass the examination?  Yes  No

8. Program Name and Number \_\_\_\_\_

\_\_\_\_\_

- Year of Course \_\_\_\_\_
- State \_\_\_\_\_

Did you successfully pass the examination?  Yes  No