



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

Member Information

Please type:

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 _____ Email _____

Email Transcript To

Above Address Below Address

Email: _____

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. 10th St. Kansas City, MO 64105.

Credit card: Submit electronically to education@iaao.org

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