



Transcript Request Form

Pennsylvania Bankers Association
Attn: Jackie Catalano
3897 N. Front St.
Harrisburg, PA 17110
Tel: (717) 255-6939
Fax: (717) 233-1477
jcatalano@pabankers.com

Name: _____ Last 4 Digits
(include middle initial) of Social Security: _____

Job Title: _____

Bank Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Daytime Phone: _____

Cost: Members - \$10/transcript Non-Members - \$15/transcript

ORDERING POLICIES & PROCEDURES

- Unofficial Transcript** – sent to the individual listed above.
- Official Transcript** – sent to the individual listed below. *Transcript is only “official” if sent directly.*

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

To help ensure accuracy of your transcript, please list the first and last AIB course completed, with dates if known.

First course: _____ Date: _____

Last course: _____ Date: _____

PAYMENT POLICY

PA Bankers accepts checks (payable to PA Bankers Association), VISA or MasterCard. Payment **must** accompany the request form. Forms submitted without proper payment will not be processed. Please allow up to two (2) weeks for processing and delivery.

Credit card payment: VISA or MasterCard only

Name on card: _____

Credit card number: _____ Exp. Date: _____

For internal use only: Date: _____ Check #: _____ Amount: \$ _____