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| logo with borderAMS Credential Services Form  Transcripts  Form Updated May 2022 |

*This form was designed to be completed in Microsoft WORD. Click on the gray box to begin typing.*

*Return to AMS via e-mail to* [*credentials@amshq.org*](mailto:credentials@amshq.org)*.*

*AMS does not accept physical documents of any kind.*

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| **CONTACT INFORMATION** | | | | | | |
| Name | | | | AMS Member Number | Current Member?  Yes  No | Date |
| Street Address | | Apt. | | City | State/Province | ZIP/Postal Code |
| Country | Phone number | | Phone type  Home  Work  Cell | | Email Address | |

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| **DOCUMENT(S) REQUESTED** |

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| **Transcripts (AMS/NCME only): $55** for current AMS members; **$95** for non-members.  **Transcript (not possible for every credential)** |

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| **ORIGINAL CERTIFICATE INFORMATION** | | | | | | |
| **COURSE LEVEL** (check all that apply) | | **NAME OF TEACHER EDUCATION PROGRAM** | | | **DATE** | **AMS/NCME** |
| **Infant & Toddler** *(Birth – 3)* | |  | | |  |  |
| **Early Childhood** *(2½ – 6)* | |  | | |  |  |
| **Elementary** *(6 – 9, 6 – 12, or 9 – 12)* | |  | | |  |  |
| **Secondary** *(12 – 15 or 12 – 18)* | |  | | |  |  |
| **Administrator** | |  | | |  |  |
| **Your name as it appeared on your original credential certificate:** | | |  | | | |
| **DELIVERY INFORMATION** | | | | | | |
| **Send to a third party address** (transcripts & letters only) – please provide an e-mail address below | | | | | | |
| Recipient Name | Organization (optional) | | | E-mail address | | |
|  | | | | | | |
| Once AMS staff have had a chance to review the request you’ve submitted, you will be invoiced via our website, [www.amshq.org](http://www.amshq.org), at which point you may complete payment. All **open invoices must be paid within 4 weeks otherwise you must redo the process.**  AMS does not accept checks. | | | | | | |