

Sarasota

Argosy University, Sarasota Admissions Department 5250 17th Street Sarasota, FL 34235 Phone: 941.379.0404 or 800.331.5995 Fax: 941.371.8910

Request for an Official College Transcript

To Registrar: Please mail an official transcript to Argosy University, Sarasota at the address listed above. In addition, if permitted, please fax an official transcript prior to mailing.

Please Print All Information (*required)			
*First Name	Middle Initial	*Last	
*Full Name at the Time of Attendance (if different from above)		*Date of Birth (mm-dd-yy)	
*SSN	Address		
City	State	Zip	Phone
Please check one			
O I attended classes from (yrs)	-	I graduated in (yr)	
*College/University			
*Address			
*City	*State	Zip	School Phone ()
Fax ()	Cost	(Office Use Only) Payable to:	
Notes:			
To the Prospective Student: I understand tresponsibility to make sure that my Officia Conditional Acceptance: If acceptance is gran receipt of an official transcript. If an official transcript.	al transcript has been received by A ted based upon the review of an unof anscript is not received by the end of r	Argosy University. ficial transcript I understand tha my first session (for a 7.5-week o	It this acceptance is conditional pending the class) or semester (for a 15-week class) of
responsibility to make sure that my Official Conditional Acceptance: If acceptance is gran	al transcript has been received by A ted based upon the review of an unof anscript is not received by the end of r	Argosy University. ficial transcript I understand tha my first session (for a 7.5-week o	at this acceptance is conditional pending the class) or semester (for a 15-week class) of

enrollment I understand that I will be withdrawn from Argosy University per the policy in will not be credited to my account until an official transcript is received.

Acceptance of policy stated above

Date

I authorize you to release my official transcript to Argosy University, Sarasota

Signature

Signature

Date

For official use