



**Request for an Official  
College Transcript**

**Argosy University**  
Transcript Processors  
1400 Penn Avenue  
Pittsburgh, PA 15222-4332  
Phone: 866.427.4679  
Fax: 412.992.9613

**To Registrar:** Please mail an official transcript to Argosy University at the address listed above. In addition, please fax an official transcript prior to mailing to 412-992-9613.

**Please Print All Information (\*required)**

*First Name		Middle Initial		*Last Name	
*Full Name at the Time of Attendance (if different from above)			*Argosy Campus Location		*Date of Birth (mm-dd-yy) □□-□□-□□
*SSN □□□□-□□□□-□□□□		Address			
City		State	Zip	Phone (    )	
(Please check one) <input type="checkbox"/> I attended classes from (yrs) _____ - _____ . <input type="checkbox"/> I graduated in (yr) _____ .					
*College/University					
*Address					
*City		*State	Zip	School Phone (    )	
Fax (    )		(Office Use Only) Payable to:			
Notes					
<b>X I Authorize You to Release My Official Transcript to Argosy University</b>					
Signature			Date		
For Official Use					