

Student Information:

Unofficial Transcript Request

Revised 6/19/12

On-campus and online students submit this completed form to:

Ashford University Office of the Registrar, 400 North Bluff Blvd., Clinton, IA 52732 ♦ Tel: 877.241.9893 ext. 1112 ♦ Fax: 563.241.4443 or 888.343.2235 ♦ Email: transcriptrequest@ashford.edu

Student Name:Name while attending (if different):		Student	_ Student ID:		
		Dates of attendance (dd/mm/yyyy):			
Current Address:		City:	State:	Zip:	
Phone:	Date of Birth:	Ema	ail:		
If you provided an er	de an email address will be notifie mail address and have not receive f the Registrar at one of the phone	ed e-mail confirmat			
Note: One Unofficial	ıl Transcript will be released per re	equest.			
all outstanding balar	es, unofficial transcripts may only nces are paid in full. Normal proce ests made at the beginning or end	essing time is 2-3 bu			
Send Unofficial	Transcript To:				
☐ Student at the ab	pove email address (unofficial tran	nscripts are only rele	eased to the student).		
I authorize the Regis	strar's Office to release my unoffic	cial transcripts to th	e email address listed abov	е.	
SIGNATURE:			DATE:		
For Office Use	Only: Date received:	Date p	rocessed:		
Processed by:	If not process	ed, indicate reason	:		
Date student notifie	ed: Notifie	d by:			