

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 Information:

Student Name:		Student ID: _			
Name while attending (if different):		Date	Dates of attendance (dd/mm/yyyy):		
Current Address:		City:	State:	Zip:	
Phone:	Date of Birth:	Email:			

Students who provide an email address will be notified <u>within 24 hours</u> (during business days) of receipt of this request. If you provided an email address and have not received e-mail confirmation that your request was received, please contact the Office of the Registrar at one of the phone numbers above.

Note: One Unofficial Transcript will be released per request.

For security purposes, unofficial transcripts may only be sent directly to the student. Transcripts are released only after all outstanding balances are paid in full. Normal processing time is 2-3 business days. Please allow a longer lead time for processing requests made at the beginning or end of the semester.

Send Unofficial Transcript To:

Student at the above email address (unofficial transcripts are only released to the student).

I authorize the Registrar's Office to release my unofficial transcripts to the email address listed above.

SIGNATURE:

Electronic signature not accepted

DATE:

For Office Use Only: Date recei	ved:	_Date processed:
Processed by:	If not processed, indicate	e reason:
Date student notified:	Notified by:	