

On-campus and online students submit this completed form with non-credit card payment to:

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

Student Information

Last Name: _____ First Name: _____ Student ID : _____
Name while attending (if different): _____ Dates of attendance (mo/yr): _____ to _____
Current Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Date of Birth: _____ Email: _____

Students who provide an email address will be notified within 24 hours (during business days) of receipt of this transcript 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.

REQUEST FOR: Official Transcript # **OF COPIES** _____

There is a transcript fee of \$10 for official transcripts. Payment must be made before transcript(s) will be released. Transcripts are released only after all outstanding balances are paid in full. Normal processing time is 2-3 business days. Please allow a longer time for processing requests made at the beginning or end of a semester.

Special Instructions

Hold for Final Grades Hold for Degree Awarded FedEx Standard Overnight (Fed Ex account # below)

SEND TRANSCRIPT(S) TO:

Student at the above address Third Party (official transcripts only)

Third Party Information

Name: _____ Institution: _____
Address: _____ City: _____ State: _____ Zip: _____
Name: _____ Institution: _____
Address: _____ City: _____ State: _____ Zip: _____

Additional addresses attached

I authorize the Registrar's Office to release my transcripts to the indicated parties.

Signature: _____ **Date:** _____

Electronic signature not accepted

PAYMENT METHOD:

Cash (In person requests only)
 Check is enclosed (Payable to Ashford University)
 Money Order

Fed Ex Account Number for Standard Overnight shipping: _____

For office use only

Date received: _____ Date processed: _____ Processed by: _____

If not processed, indicate reason: _____

Date student notified: _____ Student notified by: _____