



San Francisco Bay Area

Request for an Official High School Transcript

Argosy University/ SFBA

Crystal Martinez
1005 Atlantic Avenue
Alameda, CA 94501
Phone: 510-217-4718
Fax: 510-217-4805

To Registrar: Please mail an Official Transcript to Argosy University 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) 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 Student:

I understand that Argosy University will assist me in securing my official transcript, but that ultimately it is my responsibility to make sure that my official transcript has been received by Argosy University.

Conditional Acceptance: If acceptance is granted based upon the review of an unofficial transcript I understand that this acceptance is conditional pending the receipt of an official transcript. If an official transcript is not received by the end of my first session (for a 7.5-week class) or semester (for a 15-week class) of enrollment I understand that I will be withdrawn from Argosy University per the policy in the Argosy University Academic Catalog. I am aware that financial aid will not be credited to my account until an official transcript is received.

X Acceptance of policy stated above

Signature Date

X I authorize you to release my Official transcript to Argosy University

Signature Date

For Official Use