

*Argosy University - San Francisco Bay Area Campus
Student Services Department*

TRANSCRIPT REQUEST FORM

-Requests may take up to 2 weeks to complete-

****THERE IS NO FEE FOR TRANSCRIPTS****

STUDENT NAME: _____

STUDENT ID# _____

- Official Transcript – how many? _____
- Other: _____

II. PERSON/AGENCY TO WHOM TRANSCRIPT MAY BE RELEASED

Name: _____

Address: _____

Phone number: _____

Fax number: _____

III. METHOD OF DELIVERY

- Mail (provide address above)
- Pick up (provide date 2 weeks after request has been submitted _____)

IV. AUTHORIZATION TO RELEASE (Required)

I, (*print name*) _____, authorize the Student Services Department to release my transcript to the person/agency indicated.

Signature of student: _____ Date: _____

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For office use only: If processed, date processed: _____ by: _____

If not processed, indicate reason: _____ Date student notified: _____ by: _____