AMERICAN UNIVERSITY
WASHINGTON, DC

Request for Official Transcript

Office Use Only

Date received _____ Date sent _____

Please send a transcript to the address listed below for:

Last name (when enrolled) _____ First name _____ M.I. _____

Student number _____

Please allow 3 working days to process and mail this request. During grading periods, transcripts may require additional days to process. One hour service is available for requests submitted and picked up in person from the Office of the Registrar.

To: _____

_____

_____

Zip code:

The address above will be displayed in a window envelope for purposes of mailing your transcript. Please ensure that the address is correct and legible.

REG 232

Are you currently enrolled? ☐ Yes ☐ No

If not, date last enrolled _____ Semester / Year

Have you received a degree from A.U.?

☐ None

☐ Bachelor's _____ Month / Year

☐ Master's _____ Month / Year

☐ Doctorate _____ Month / Year

Special Instructions

☐ Send immediately

☐ Hold for current semester's grades

☐ Hold for posting of degree

☐ Hold for grade change to _____ for course _____

Number of copies requested _____

_____ _____

Signature Date

Street address _____

City _____ State _____ Zip code _____