



**Request for an Official  
College Transcript**

**Argosy University**  
Transcript Processors  
1400 Penn Avenue  
Pittsburgh, PA 15222-4332  
Phone: 866.427.4679  
Fax: 412.992.9613

**To Registrar:** Please mail an official transcript to Argosy University at the address listed above. In addition, please fax an official transcript prior to mailing to 412-992-9613.

**Please Print All Information (\*required)**

*First Name		Middle Initial	*Last Name	
*Full Name at the Time of Attendance (if different from above)		*Argosy Campus Location		*Date of Birth (mm-dd-yy) □□-□□-□□
*SSN □□□-□□□-□□□□	Address			
City	State	Zip	Phone (    )	
(Please check one) <input type="checkbox"/> I attended classes from (yrs) _____ - _____ . <input type="checkbox"/> I graduated in (yr) _____ .				
*College/University				
*Address				
*City	*State	Zip	School Phone (    )	
Fax (    )	(Office Use Only) Payable to:			

Notes

**X I Authorize You to Release My Official Transcript to Argosy University**

Signature	Date
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For Official Use