



Argosy University, Atlanta  
Admissions Department  
980 Hammond Drive, Suite 100  
Atlanta, GA 30328  
Phone: 770.671.1200 or 888.671.4777  
Fax: 770.671.0476

Atlanta

## Request for an Official College Transcript

To Registrar: Please mail an official transcript to Argosy University, Atlanta 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 Prospective 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of my first session (for a 7.5-week class) or semester (for a 15-week class) of enrollment I understand that I will be withdrawn from Argosy University per the policy in the *Argosy University Academic Catalog*.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.

### Acceptance of policy stated above

Signature Date

### I authorize you to release my official transcript to Argosy University, Atlanta

Signature Date

For official use