



Request for Official Transcript

AMERICAN UNIVERSITY

WASHINGTON, D.C.

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. Thirty-minute service is available for requests submitted and picked up in person.

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

Office Use Only

Date received

Date sent

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