



Official Transcript Request

Revised 3/12/2019

Submission Instructions

Submit this completed form with non-credit card payment to:

Ashford University Office of the Registrar, 8620 Spectrum Center Blvd., San Diego, CA 92123

Student Information

Last Name: _____ First Name: _____ Student ID: _____

Name while attending (if different): _____ Dates of attendance (mo/yr): _____ to _____

Current Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Date of Birth: _____ Email: _____

Please allow up to 14 business days for your request to be received by the Office of the Registrar via USPS mail. Students who provide an email address will be notified within 2 business days of receipt of this transcript request.

OF COPIES: _____

There is a transcript fee of \$10 for official transcripts plus any applicable shipping charges. Payment must be made before transcript(s) will be released. Transcripts are released only after all outstanding balances are paid in full. Normal processing time is 10-14 business days. Please allow a longer time for requests made at the beginning or end of a semester. For any additional questions regarding your transcript request, please contact our transcript department by email at transcriptrequest@ashford.edu.

Special Instructions

Send Now Hold for Final Grades Hold for Degree Awarded

DELIVERY METHOD:

USPS **Domestic** (United States) *additional \$2.50 per transcript* PDF (provide email below) *no additional shipping fee*
 FedEx **Domestic Overnight** (United States) *additional \$25 per transcript*
 USPS **International** *additional \$5 per transcript* FedEx **International** *additional \$47.50 per transcript*

SEND TRANSCRIPT(S) TO:

Student at the above address Third Party (please provide address information below)

Third Party Information

Name: _____ Institution: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____

Additional addresses attached

I authorize the Registrar's Office to release my transcripts to the indicated parties.

Signature: _____ Date: _____

Electronic signature not accepted

Payment Method \$10 per transcript + shipping charge per transcript = Total Payment Enclosed \$ _____

Check Money Order

**Check or money order must be payable to Ashford University*

For Office Use Only

Date received: _____ Date processed: _____ Processed by: _____

If not processed, indicate reason: _____

Date student notified: _____ Student notified by: _____