Official Transcript Request Form

American University
School of Public Affairs

Date of Request: _____

Student Name : _____

Last **First** **Middle Initial**

Maiden Name : _____

SSN: _____

Major/Academic Program: _____

Year(s) Attended: _____

Status : ☐ I graduated from the Institution.

☐ I attended the institution but transferred and/or withdrew from the Institution before graduating.

Please send official transcripts to the following address:

American University
School of Public Affairs
Ward Circle Building, Graduate Admissions
4400 Massachusetts Avenue, NW
Washington, DC 20016-8022

Student Signature: _____

Date: _____