



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.

AU Student number or Social Security Number Telephone Number Email address

Please allow 3 working days to process and mail this request. During grading periods, transcripts may require additional days to process. If request is submitted in person by 10 am then pick-up is after 3 pm. There is no fee.

To: _____

Zip code: _____

Please ensure that the address is correct and legible.

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
- Other _____

Number of copies requested _____

Signature (Mandatory) Date

Current street address

City State Zip code