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# REQUEST FOR OFFICIAL TRANSCRIPT

Student Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
(Last, First)

Date of Birth: \_\_\_\_\_ Dates of Attendance: \_\_\_\_\_

Dear Registrar:

Please release an **Official Transcript** of my record at your college.

Please check the appropriate box below:

The required fee \$5 per copy  is paid  is enclosed

Number of copies: \_\_\_\_\_ Total amount: \_\_\_\_\_

## SAO Approval

## AUTHORIZATION

I hereby authorize ASA College to send on my behalf an Official Transcript of my Academic record from ASA College to the institutions listed below (*Please PRINT*):

Name of Institution:	Name of Institution:	Name of Institution:
Street Address:	Street Address:	Street Address:
City, State, Zip:	City, State, Zip:	City, State, Zip:
Attention to:	Attention to:	Attention to:

\_\_\_\_\_  
(Student's Signature)

\_\_\_\_\_  
(Date)

**DOWNTOWN BROOKLYN**  
81 Willoughby Street  
Brooklyn, NY 11201  
Tel.: 718 - 522-9073

**MIDTOWN MANHATTAN**  
1293 Broadway/One Herald Center  
New York, NY 10001  
Tel.: 212-672-6450

**NORTH MIAMI BEACH**  
3909 N.E. 163rd Street  
North Miami Beach, FL 33160  
Tel.: 786-279-1740