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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 \$7 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: \_\_\_\_\_

*Non scholae, sed vitae discimus!*