



AGU Transcript Request Form

Transcripts will not be released without the student's signature at the bottom of this request. Transcripts will be withheld if there are outstanding obligations to American Graduate University.

Transcripts may be requested by mail, fax, or email:

American Graduate University
Office of the Registrar
548 Market St, PMB 98598
San Francisco, CA 94104

(626) 915-1709 (fax)
lauriemejia@agu.edu

Transcript Processing Fee: \$10.00 each (*Official and/or Unofficial*)

Please provide the following information:

Student Number _____

Last Name _____ First Name _____ Middle Initial _____

Other Name(s) Used (e.g. maiden name) _____

Current Address _____

Number Street Apt. #

City State Zip

Current Phone Number (_____) _____

Email Address _____

Dates Attended _____ to _____

Number of **OFFICIAL** Transcripts _____
(*Official Transcripts cannot be emailed*)

Mail **OFFICIAL** Transcript(s) to:

Number of **UNOFFICIAL** Transcripts _____

Email **UNOFFICIAL** Transcript(s) to:

Check or Money Order

Credit Card

VISA

MasterCard

Discover

American Express

Card Number _____ Exp. Date ___/___

Student's Signature _____ Date ___/___/___