

AMERICAN GRADUATE UNIVERSITY

TRANSCRIPT REQUEST

Applicant: Mail this form and appropriate transcript fees to the Registrar of the school you attended.

To the Registrar:

Please forward a copy of the transcript of:

Name _____
Last First Middle

Address _____
Street

_____ City State Zip Code

I last attended your school _____
Term/Year Soc. Sec./ID# Birthdate

Signature _____

TRANSCRIPT CLERK: Please attach this form to transcript and mail to the following address:

**American Graduate University
Records Office
733 North Dodsworth Avenue
Covina, CA 91724**