

# Request for Transcript

Augusta State University  
 2500 Walton Way  
 Office of the Registrar  
 Augusta, GA 30904-2200  
 Fax (706) 667-4958  
 Office (706) 737-1408

Hold For:  
 Graduation   
 Current Term Grades   
 Begin Process

D.O.B  
 ASU 927#  
 Check if enrolled  or  
 First enrolled \_\_\_\_ Last enrolled \_\_\_\_ year

No. of Copies  
 \_\_\_\_\_  
 (additional request  
 are needed for more  
 than one address)

Please Print Clearly

Last First Middle Title

Student's Current Address City State Zip

Current Telephone (mandatory for pick-up)/E-mail address

Please circle one: **Pick-Up** **Mail**

Please  
 print  
 complete  
 address  
 to mail  
 transcript


TRANSCRIPTS WILL NOT BE PROCESSED  
 UNTIL ALL OUTSTANDING OBLIGATIONS  
 ARE SATISFIED.  
 Request must be made at least 2-3 working days  
 before transcript is needed.  
 No fee required  
 5 Copies per day



Former name (if different from above) Signature Date

Special Instructions