



AMERICAN UNIVERSITY
WASHINGTON, DC

WASHINGTON COLLEGE OF LAW

LAST NAME	FIRST NAME	MIDDLE INITIAL
SSN OR STUDENT ID#		

For Pickup – Do Not Mail Please send an official transcript to the address below:

Name _____
 Street _____
 City/State/Zip _____

SIGNATURE	DATE
-----------	------

Transcript Request Form

Number of copies requested. _____

PURPOSE:	
<input type="checkbox"/> Employment	<input type="checkbox"/> Scholarship application
<input type="checkbox"/> Financial aid	<input type="checkbox"/> Summer program application
<input type="checkbox"/> Transfer application	<input type="checkbox"/> Other. Please list: _____
SPECIAL INSTRUCTIONS:	
<input type="checkbox"/> Send as soon as possible	
<input type="checkbox"/> Hold for current semester's grades	
<input type="checkbox"/> Hold for posting of degree	
<input type="checkbox"/> Hold for grade change for: _____	

Please allow 24 hours for official transcripts.