



## Transcript Request

8620 Spectrum Center Blvd., San Diego, CA 92123

transcripts@ashford.edu

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fax: \_\_\_\_\_

### Official Transcript Request For:

Student Name: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Alternate Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Year of Attendance: \_\_\_\_\_

Please send one (1) transcript and charge \$\_\_\_\_\_ to the primary credit card. If the card is declined, please utilize the second credit card below.

**Primary Credit Card:** MC# 5569 2000 0103 4121 Sec. Code 230 Exp. Date 10/20

**Secondary Credit Card:** MC# 5569 2000 0154 2958 Sec. Code 065 Exp. Date 10/20

ZOVIO INC

**Address:** 8620 Spectrum Center Blvd., San Diego, CA 92123

\* Receipt of payment not required

### Please mail this request page with the Official Transcripts to:

Ashford University  
Office of the Registrar  
8620 Spectrum Center Blvd.  
San Diego, CA 92123

**Ashford University is a member of Escript-safe and Parchment. Please send the official transcript electronically to: transcripts@ashford.edu.**

For any questions or concerns regarding this request please contact Ashford University of the Registrar:  
866-974-5700 x \_\_\_\_\_

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**THIS FORM SHOULD NOT BE FORWARDED TO ANY PERSON OR INSTITUTION OTHER THAN Ashford University.**