

Student Authorization

I hereby authorize Ashford University, as part of my application for admission, to request and process transcripts from my high school or GED location, military transcripts, and transcripts from all postsecondary institutions I have attended, whether requested by me or discovered by Ashford University when processing my application. I understand that Ashford University will include my social security number and date of birth, along with the name and address of each institution I have attended with this form.



Syeda (Oct 10, 2019)

Student Signature

Syedatest Reapplycase

Student Name

366-80-8671

Social Security Number

Oct 10, 2019

Date

02/24/1976

Date of Birth

Mail transcripts to:

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

1.866.974.5700 (toll free)
1.858.513.9240 (local)

Please process within one week.