



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 _____

THE CONTENTS OF THIS TRANSCRIPT REQUEST FORM ARE CONFIDENTIAL AND FOR YOUR INSTITUTION ONLY.

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

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

Sydatest 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.