

Please type or print legibly

## REQUEST FOR TRANSCRIPT

Last Name:

First Name:

Middle:

**Attention Registrar:**

Name on transcript if different from above:

**Please process this request within two (2) weeks. If you encounter any difficulties in processing, please contact University of Phoenix Academic Affairs Department at (800) 266-2107 ext .61273**

Attended from:

To:

Degree Awarded:

Social Security Number:

I. D. Number (if any):

Date of Birth:

**Please send (1) Official Academic Transcript to:**

\_\_\_\_ - \_\_\_\_ - \_\_\_\_

Street Address:

Phone Number (include area code):

**University of Phoenix**  
2890 Gateway Oaks Drive  
Suite 100  
Sacramento, Ca 95833  
Attn:Randi Hill

( ) -

City:

State

Zip Code

**STUDENT SIGNATURE:**

X

### Academic Transcript Request Enclosed

College/University: \_\_\_\_\_ Location/Campus/Division \_\_\_\_\_

Street Address: \_\_\_\_\_

City/ State / Zip: \_\_\_\_\_