



**Request for an Official High School Transcript**

**Argosy University**  
Transcript Processors  
1400 Penn Avenue  
Pittsburgh, PA 15222-4332  
Phone: 866.427.4679  
Fax: 412.992.9613

**To Counselor/Registrar:** Please mail an OFFICIAL transcript to Argosy University at the address listed above. Please make certain the transcript lists **Date of Graduation** and **SAT/ACT scores**. In addition, please fax a transcript prior to mailing to 412-992-9613.

**Please Print All Information (\*required)**

*First Name		Middle Initial		*Last Name	
*Full Name at the Time of Graduation (if different from above)			*Argosy Campus Location		*Date of Birth (mm-dd-yy) □□-□□-□□
*SSN □□□-□□□-□□□□		Address			
City		State	Zip	Phone ( )	
(Please check one) <input type="checkbox"/> High School Diploma <input type="checkbox"/> GED <input type="checkbox"/> Other _____ <input type="checkbox"/> I graduated/tested in (yr)_____.					
*High School/GED Testing Center					
*Address					
*City		*State	Zip	School Phone ( )	
Fax ( )		<i>(Office Use Only) Payable to:</i>			
Notes:					
<b>X I Authorize You to Release My Official Transcript to Argosy University</b>					
Signature			Date		
For Official Use					