



## TRANSCRIPT REQUEST FORM

ARGOSY UNIVERSITY, CHICAGO  
225 N Michigan Ave, Suite 1300, Chicago, IL 60601

Questions: Tyler Shippen, Registrar

Phone: 312-777-7635 Fax: 312-777-7746

- **OFFICIAL TRANSCRIPTS** will only be issued directly to an authorized agency such as a state board, educational institution, professional society or organization, unless documentation is provided for your personal need. Intern or practicum applicants should contact the Training Department for specific instructions on how to submit their request. **UNOFFICIAL TRANSCRIPTS may be sent to you via email.**
- If you are an active student requesting official transcripts for yourself please specify the reason below or attach your supplemental documentation. Official transcripts must match your need exactly – **NO EXTRAS WILL BE ISSUED.** **Requests will not be processed without this information.**
- Requests typically take 10 business days to process. You may choose express transcript service for \$20 per address, for a maximum of three transcripts. If you wish to purchase this please include a check, money order, or your credit card information (type of card, number and exp date), as payment must be received in advance. You may also pay over the phone by calling 312-777-7621 or 7640. Please note that this service is not available to intern and practicum applicants. **NO PO BOXES.** Payment and request must be received by 3pm to be available the following business day. **International addresses are also subject to a \$20 fee.**
- **By signing this form you are releasing your records as they appear on the date of your request,** so it is strongly recommended that you review your records (at <https://mycampus.argosy.edu/portal/server.pt?>, or request an unofficial), for accuracy prior to requesting official transcripts.
- **REQUESTS WITH INCOMPLETE INFORMATION WILL BE RETURNED.**

SSN or Student ID: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Number Requested: \_\_\_\_\_ Official \_\_\_\_\_ Unofficial \_\_\_\_\_

Send to: Address (list below) \_\_\_\_\_ Pick up in Student Services \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_