

# AUGSBURG WEEKEND COLLEGE

Please send one of these forms to each of the previous schools that you have attended to request an official transcript.

## TRANSCRIPT REQUEST FORM

Date \_\_\_\_\_

college or high school

address

city, state, zip

Please send **two** official transcripts of my credits to:

Augsburg Weekend College Admissions  
Campus Box 65  
2211 Riverside Avenue  
Minneapolis, MN 55454

I am enclosing a check for \$ \_\_\_\_\_ for the transcript fees. Please attach this form to the transcript. Thank you.

(Print) Name

first

middle

last

(former name)

Address \_\_\_\_\_

Social Security Number \_\_\_\_\_

Dates of attendance \_\_\_\_\_

Signature \_\_\_\_\_

Date of birth \_\_\_\_\_

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