

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	
<input type="checkbox"/> 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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