

## **Transcript Request** Revised 4/4/12

Bridgepoint Education / TeleUniversity, dba Charter Learning Network students must submit this completed form to: Bridgepoint Education, 13500 Evening Creek Drive, Suite 160, San Diego, CA 92128

◆ Email: student.records@ashford.edu ◆ Fax: 866.512.7601 ◆ Tel: 866.974.5700

First Name:	Last Name:	Student ID	:
Name while attending, if diffe	erent than above:		
Current Address:	City	State	: Zip:
Email:	Phone:	Date of Bir	th:
has been received. If you pr	ail address will be notified within 24 ovided an email address, and have office of the Registrar at the phone r	not received email confirm	
Request Information			
Unofficial Transcript	Number of Copies: _		
Official Transcript	Number of Copies: _	. <u></u>	
	or unofficial transcripts from Brid rectly to the student. Normal proces		ecurity purposes, unofficial
Transcripts to be sent to:		soling time to 2 o days.	
	ress (official or unofficial transcripts)	_	ranscripts only)
Student at the above add	ress (official or unofficial transcripts	Third Party (official to	
Student at the above add		Third Party (official to	
Student at the above add  Name 1:  Address 1:	Institu	Third Party (official to ution 1:State 1:	Zip 1:
Student at the above add  Name 1:  Address 1:  Name 2:	Institu	Third Party (official to ution 1: State 1:	Zip 1:
Student at the above add  Name 1:  Address 1:  Name 2:  Address 2:	Institu	Third Party (official to ution 1: State 1: state 2:	Zip 1:
Student at the above add  Name 1:  Address 1:  Name 2:  Address 2:  Name 3:	Institute City 1: Institute City 2:	Third Party (official to ution 1: State 1: state 2: State 2: state 3:	Zip 1:
Student at the above add  Name 1:  Address 1:  Name 2:  Address 2:	Institute City 1: Institute City 2: Institute	Third Party (official to ution 1: State 1: state 2: State 2: state 3:	Zip 1:
Student at the above add  Name 1:  Address 1:  Name 2:  Address 2:  Name 3:  Address 3:  Acknowledgement	Institute City 1: Institute City 2: Institute	Third Party (official to ution 1: State 1: state 2: State 2: state 3: State 3:	Zip 1:

Student Signature: \_\_\_\_\_\_ Date: \_\_\_\_\_