

Request for Official Transcript

Transcripts from American Sentinel University are \$10 per copy. Please do not send cash (only credit card, check or money order). Transcripts are mailed out within five to ten business days. Processing time does not include delivery time. The appropriate fee must be remitted with a request before we can issue a transcript.

WE ACCEPT SIGNED REQUESTS BY EMAIL/FAX/MAIL

* **Unofficial student copy transcripts can be obtained online by using your student login information at**

http://my.americansentinel.edu/Student_Services/Service_Requests/MyGrades/Transcript/Request.aspx

Name: _____ Student ID: _____
Last First Maiden/Previous (Not Required)

Birth date: ___/___/___ Daytime phone: _____

Email address: _____

Your current mailing address: _____
(Street)

Number of copies to send to
this address: _____
(City) (State) (Zip)

(Update my address/phone/email in American Sentinel's database. Yes___ No___)

Send transcripts to other address:

(Street) _____
Number of copies to send
to this address: _____
(City) (State) (Zip)



2260 S. Xanadu Way, Ste. 310
Aurora, CO 80014
www.americansentinel.edu
800.729.2427

Special handling: _____ Hold until current term grades are posted
_____ Hold for degree to be posted
_____ Expedited (shipped Fed-ex 2 day and includes \$40 fee)
_____ Other (e.g. signed and sealed envelope)_____

Signature: _____ Date: _____
(This form must be signed)

Please see attached form for payment instructions

Your request will not be processed without payment. Because of the volume of transcript requests, we are unable to call to verify receipt of this request or to obtain your payment information. If you have questions, please EMAIL: RegistrarOffice@americansentinel.edu.

Payment for Official Transcript

Name: _____
Last First Maiden/Previous

Method of Payment:

- Check (Payable to American Sentinel University): _____
- Money Order (Payable to American Sentinel University): _____
- Credit Card (We accept Visa, Master Card, Discover Card, American Express): _____

Card number: _____

Security code: _____ Exp. date: _____

Name on the card: _____

Card holder signature: _____

Billing address: _____

City: _____ State: _____ Zip: _____

Total number of copies: _____

Total charges (\$10 per copy): \$ _____ Expedite shipping (\$40) Yes___ No___

I hereby authorize the American Sentinel University to charge the following credit card in the amount of: \$_____



- All financial accounts must be clear before my transcript can be released. I understand that transcripts will not be issued until all financial obligations to American Sentinel University are cleared.
- I understand that the Registrar's Office does not release or reproduce transcripts from other institutions. Requests for such must be directed to the institution concerned.
- Any transcript released to the student is stamped "Issued to Student." The student is responsible for determining the recipient's policy for self-managed packages that are sealed and signed by the Registrar.

Signature: _____ Date: _____
(This form must be signed)

V. 02.08.17

