



REQUEST FOR OFFICIAL TRANSCRIPT

To Registrar

Date _____
 University/ College _____
 From (student's name) _____
 Social Security # _____ - _____ - _____
 Street Address _____
 City/St/Zip _____

Please send official transcript to:

Vanguard University
 School for Professional Studies
 55 Fair Drive
 Costa Mesa, CA 92626
 714.668.6130

I was a student from _____ to _____

I was registered under the following name(s) _____

 Signature Date

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