AUGUSTANA UNIVERSITY

TRANSCRIPT REQUEST

2001 S Summit Avenue, Sioux Falls SD 57197
605.274.4121 (Office) 605.274.4450 (Fax) registrar@augie.edu

Augustana is pleased to provide official paper copies of transcripts free of charge.

NAME: _____ **DATE:** _____
First Middle Last

FORMER NAMES: _____

AUGUSTANA ID #: _____ **OR** **Last 4 digits of SS #:** _____

BIRTHDAY: _____/_____/_____ **Dates of Attendance** _____

CURRENT ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE NUMBER: _____ **EMAIL ADDRESS:**_____

*__LEARNER'S EDGE STUDENTS__: Please note Learner's Edge courses are not listed on your transcript **before** grades are received. We receive the registration information and grades simultaneously and are unaware how many courses should be listed on your transcript when mailing out. Please indicate how many LE courses should appear on your transcript so we do not send out incomplete transcripts. Note: You should receive an email from Augustana once each LE course is posted to your transcript.

Please mail my official transcript to:

# of copies to mail to this address _____
☐ In 1 envelope ☐ In separate envelopes

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* Additional addresses can be written on the back of this form or on an additional page

☐ Hold transcript for degree ☐ Hold for final Fall/Interim/Spring/Summer grades

Signature _____
* REQUIRED *

NOTE: Augustana University will not release transcripts until all accounts, including loan funds administered by the college, are paid in full or are current according to established repayment schedules