

Armstrong Atlantic State University
TRANSCRIPT REQUEST

Office of the Registrar:

(College or University)

(City)

(State)

(Zip)

TO WHOM IT MAY CONCERN:

I am applying for admission to the School of Graduate Studies at Armstrong Atlantic State University.

Please mail two official transcripts (sealed in envelopes) to the address checked below. The official transcripts are part of the self-contained application for the School of Graduate Studies at AASU.

- Armstrong Atlantic State University
School of Graduate Studies
11935 Abercorn Street
Savannah, Georgia 31419-1997

- Student's Name & Address

I was enrolled during the years of _____ to _____.

Name as it appears on permanent record:

_____ SS#: _____

Sincerely,

(Signature)

(Date)