



## OFFICIAL/UNOFFICIAL Transcript Request Form

### INSTRUCTIONS:

1. The student is responsible for completing this Transcript Request Form
2. Sign and date the bottom of this form
3. Submit this completed form to our Corporate Office at the email/fax below:  
**E: Student-transcriptrequest@anthem.edu**  
**F: (800) 606-4045**

**\*\*Please note that transcript requests may take up to 10 business days to process. Due to the high volume of requests we are unable to expedite at this time.**

### 1 STUDENT INFORMATION

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MIDDLE INITIAL: \_\_\_\_\_  
PREVIOUS NAME(S): \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP)  
SOCIAL SECURITY NUMBER: \_\_\_\_\_

### 2 ATTENDANCE INFORMATION

CAMPUS ATTENDED: \_\_\_\_\_ APPROX. DATE OF ATTENDANCE: \_\_\_\_\_  
PROGRAM ATTENDED: \_\_\_\_\_

### 3 PICK-UP AND DELIVERY INFORMATION

- PLEASE SEND TO STUDENT'S ADDRESS ABOVE  
 PLEASE SEND TO ALTERNATE ADDRESS BELOW

NAME: \_\_\_\_\_  
ATTENTION: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY/STATE/ZIP: \_\_\_\_\_  
CONTACT NUMBER: \_\_\_\_\_

Address 1:  OFFICIAL \_\_\_\_\_  
 UNOFFICIAL \_\_\_\_\_

NAME: \_\_\_\_\_  
ATTENTION: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY/STATE/ZIP: \_\_\_\_\_  
CONTACT NUMBER: \_\_\_\_\_

Address 1:  OFFICIAL \_\_\_\_\_  
 UNOFFICIAL \_\_\_\_\_

(Only official transcripts are embossed, signed, and bear the school seal.)

### 4

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

### OFFICE USE ONLY

Date Received: \_\_\_\_\_  
Date Processed: \_\_\_\_\_  
Processor: \_\_\_\_\_