

Transcript Request

To: The Registrar

Educational institution

Street address

City State ZIP

From:

Name

Street address

City State ZIP

Please send one copy of my academic record with seal affixed to the address below:

Admissions Office
Amridge University
PO Box 240240
Montgomery, AL 36124-0240

Amridge
UNIVERSITY

Where Traditional and Online Education Merge

Dates of attendance

Social Security Number

Name while attending

Signature

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